

DOCUMENT RESUME

ED 258 529

HE 018 487

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TITLE An Extended Study on Students' Perceptions of Success and Failure in Nursing School.
PUB DATE May 85
NOTE 212p.; Student Research Report, Indiana University School of Education.
PUB TYPE Dissertations/Theses - Undetermined (040) -- Reports - Research/Technical (143)
EDRS PRICE MF01/PC09 Plus Postage.
DESCRIPTORS Academic Ability; Academic Achievement; Aptitude; Attitude Change; *Attribution Theory; Clinical Experience; *Failure; Higher Education; Longitudinal Studies; *Nursing Education; *Student Attitudes; Student Motivation; *Success; *Teaching Hospitals

ABSTRACT

Changes in students' perceptions of success and failure as they progressed through a diploma hospital nursing program were studied, in a replication of a study by Davidhizar. Weiner's attribution theory was also assessed to determine students views of the following explanations of success: effort, ability, task ease, or luck. Effort was cited as the main reason for success in providing nursing care; within that framework, it was rated the least important explanation for success by students in psychiatric and mental health nursing, and the most important reason for success by students in medical-surgical nursing. Ability was the second most frequently cited explanation for success in nursing care, followed by task ease and luck. While task difficulty was cited as the main reason for lack of success in providing nursing care, it was cited less often as students progressed through nursing school. Low effort was rated as the next most important reason for lack of success, followed by bad luck and low ability. Reasons cited for success/failure in mastering theory were also assessed. In addition to viewing clinical/classroom success as linked to internal reasons such as ability and effort, students also felt that the instructor was important. Appendices provide a long list of student answers (and their frequencies) to open-ended questions concerning their success/failure. (SW)

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ED258529

AN EXTENDED STUDY
ON STUDENTS' PERCEPTIONS
OF SUCCESS AND FAILURE
IN NURSING SCHOOL

BY

DEBRA VAN DE WALLE

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Submitted in partial fulfillment of the
requirements for the course S-591
Introduction to Research in the
School of Education
Indiana University
May, 1985

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CHAPTER I
THE PROBLEM, PROCEDURES, LIMITATIONS
AND
DEFINITIONS OF TERMS USED
BACKGROUND

Introduction. Educators need to be facilitators of learning, therefore, they need to know what motivates students. Fundamental to the issue of motivation is the knowledge of what the students' perceive of the situations and their explanations of the causes of success or failure (Davidhizar and McBride: in press). The interest in this educational problem was stimulated by the author of the original cross-sectional study when she presented her findings at an in-service program.

To this date, there has been very little research on how students perceive their success and failure when attending nursing school. The only articles found as a result of a computer search on student perceptions, motivations, and attitudes were: (a) the effect of grading vs. nongrading on student performance (Gould, 1978), (b) the motives of beginning nursing students for choosing nursing school (Grassi-Russo and Morris, 1979), (c) freshmen students' hopes and fears (Grassi-Russo and Morris, 1981), (d) factors that facilitate knowledge application in the clinical laboratory (Olson, 1983) and (e) the most recent study was attribution of success

and failure in nursing courses and clinical experience (Davidhizar and McBride: in press).

Purpose of the Study. The purpose of this study was to evaluate change that occurred with students' perceptions of success and failure in a group of beginning students as they progressed through a diploma nursing program. The study specifically attempted to identify using Weiner's model on attribution theory which causal attributes would be used to explain success (effort, ability, task ease, or luck) and failure (low effort, low ability, task difficulty, or bad luck). In addition, an open-ended response section was added to see if there were other reasons to explain this problem.

Therefore, answers were sought for these key questions:

- 1) Does a student feel more successful as he or she advances in the program?
- 2) Will students' perceptions of success and failure change over time using Weiner's four causal attributes?

This research is based upon the following three assumptions as included in the Davidhizar study:

- 1) Individuals regularly attempt to assign causes for important instances of their behavior and that of others.
- 2) There are patterns that can be uncovered in this assignment of causes.
- 3) The particular causes that individuals attribute

for a given event have important consequences for their subsequent feelings and behavior. The "meaning" of the event and their subsequent reactions to that event are determined to an important degree by its assigned cause. (Weiner, et al, 1972), (Davidhizar: in press).

The Importance of the Study. The significance of this study is to understand students better and hopefully decrease attrition. It is a well known fact among nursing educators that generally one-third of the persons who start a program never graduate (Brundik, p. 57). The current class that was studied was no exception. If the student has met the criteria for admission, the question remains, therefore, why is there such a high attrition rate? Perhaps, the students through their responses to the instrument used in this study can lead us to a better understanding of the problem. Therefore, identifying what the students perceive are the reasons for their success or failure in mastering content in the classroom and applying themselves in the clinical area could then be utilized to improve the curriculum and, more important, teacher effectiveness. There have been many comments made by students about nursing schools being a stressful environment. Hopefully, these data can be used to make nursing schools a more pleasant place in which to learn. This study reinforced the importance of instructors positive reinforcement and the students' efforts in achieving success. In

addition, it provides added data on students' perceptions in an area of nursing education where it is lacking.

METHODS OF PROCEDURE AND SOURCES OF DATA

The purposes of this section were to briefly describe:

1) the setting and sample population; 2) the design of the questionnaire; and 3) the statistical treatment of the data.

Setting and Sample. A selected northern Indiana hospital diploma program in nursing provided the setting for this study.

The sample population chosen were the same first year students used in Davidhizar's cross-sectional study. The investigator's study began in October of 1983 when the students were juniors. The original class size was ninety-five when the students began the program in September, 1982. The class size, by the time they were juniors and seniors had decreased to seventy-two and sixty-three, respectively. However, only the students who had completed the program and who had consistently filled out the questionnaires for each group were used for analysis purposes in order to maintain consistency.

Therefore, of the students that participated, fifty-three were females and one was male. They ranged from eighteen to thirty-five years of age. A number of inter-

esting facts about demographics were: 1) Nine per cent had previously obtained a baccalaureate degree in either sociology or psychology; 2) one-third of the students were married; 3) 24 per cent had families; 4) 9 per cent had babies while they were seniors; 5) one-third were between the ages of 22-29 years; and 6) 9 per cent were greater than twenty-nine years old. The high per cent that were twenty-two or older documented the trend that has occurred in nursing concerning the type of student that is attending nursing school. The student population has shifted from the traditional student who came straight out of high school to nursing school and was not married to an older more mature adult learner that has family responsibilities (Malarkey: p. 15).

The nursing program is divided into three levels. The curriculum plan is in Appendix D and is presented for illustrative purposes. In the first level, Nursing I was the initial course in the program, therefore, after two months in the program the students were asked to take the survey for the first time which was administered by David-hizar. In the second level, under the old curriculum plan the students rotated through three courses, one eighteen week course, Medical-Surgical Nursing II and 2 nine-week courses which were Nursing of Children and Maternity Nursing. In October and December of 1983, and March and May of 1984, the groups that had just completed Nursing of Children and Maternity Nursing filled out the question-

naire. In December of 1983 and May of 1984, the students finishing Medical-Surgical Nursing II filled out the survey.

In the third level, the three nine-week courses the students rotated through were Medical-Surgical Nursing III, Principles of Nursing Leadership and Psychiatric and Mental Health Nursing. Forty-nine respondents in the study had just completed one of these three courses. The last time they filled out the questionnaire was in December of 1984.

The Instrument. The same questionnaire from the Davidhizar study was used without modification to maintain consistency. The untested instrument was developed by Davidhizar, based on Weiner's attribution theory of achievement-related behaviors for success and failure.

The purpose of the questions asked was to gain the following information: 1) To discover overall, how successful the respondents felt about providing nursing care and mastering theory content, 2) To ascertain the use of effort, task ease, luck and ability as explanations of success in both nursing care and theory mastery, 3) To ascertain the use of low effort, task difficulty, bad luck and low ability as reasons for sometimes feeling unsuccessful in providing nursing care and mastering theory. 4) To find out if success and failure can be explained by internal or external causes or by stable or unstable reasons, finally, 5) the respondents were

asked to list reasons in an open-ended response section for their success and/or failure in providing nursing care and mastering theory according to importance. This was to ascertain other attributes since Davidhizar's study validated the work of Freize (1976), and McBride (1983), that Weiner's four causal attributes only accounted for 50 percent of the reasons given to explain success and failure. These comments were not analyzed but are presented in Appendices A through C. They are deemed appropriate materials to support the body of this study.

The students were first asked to rate on a Likert-like scale their overall success in the rotation for both nursing care and theory mastery. The scale went from very unsuccessful to very successful, (1 to 9). Second, the students were asked to respond by rating the causal attributes of Weiner using again a Likert-like scale from no importance (1) to extreme importance (9) as being a reason for their success or lack of success in giving nursing care and mastering of theory. Slight confusion may have occurred with the scale due to the fact two different people had administered the tool without having written definitions for the scale points. (Gronlund: p. 287). The students were told to mark on the scale how much each one of the attributions influenced them. When students randomly were asked how they viewed the scale, they responded with mixed interpretations. Some felt the middle of the scale "5" did have

some positive influence on their answers as being sometimes a reason, while others felt that "5" was neutral. Therefore the data were reviewed in this manner.

Administration of the tool took place on different days during the last week of the rotation. The instructor teaching the course decided when the instrument was given. Some instructors allotted time for the instrument to be given during the class hour and others were given immediately after the class ended. This did make a difference in the numbers that participated. The tools that were given during class time responded more frequently and consistently as reflected in Nursing of Children. (See Table 5 p. 29).

Treatment of Data. Medical-Surgical Nursing III data were not included from the Davidhizar study because it was not available.

The numbers in the tables were arbitrarily assigned to maintain consistency. The frequencies and per cents were computed for each numerical value on the scale. The scales were also figured in means to match Davidhizar's statistical approach.

The longitudinal study was used to validate the results of the Davidhizar report. A comparative analysis was made during the second and third levels of the two studies. The individual courses, totals for each level and the entire program totals were examined for differences.

LIMITATIONS OF THE STUDY

The following are limitations of the study:

- 1) It is limited to only one school with a small student population.
- 2) There was confusion with interpretations of the scale by the students.
- 3) There was no consistency in the administration of the survey, i.e. the day of the week, time of day, class time vs. own time which may have made a difference in the responses.
- 4) The survey was conducted on a voluntary basis.
- 5) Since the students had to fill out the same questionnaire so many times, this may have influenced the results.
- 6) This was not a complete longitudinal study. Two courses were not surveyed in Level I and the third level was a cross-sectional.
- 7) The reliability of the data is dependent upon the accuracy of the students' responses.
- 8) The operational terms were not defined in the original study or longitudinal study for success and failure.
- 9) Some of the test items were not clearly written and contained double negatives (Gronlund: p.168).

And finally, the limitations of any investigation that is done longitudinally existed in this study.

DEFINITIONS OF TERMS USED

Attribution - An inference that a person makes about the causes of his own or another person's behavior (Bar-Tal: p. 259).

External control - "Environmental responsibility for an outcome" (McBride: p. 75) "which originates outside of the person" (Bar-Tal: p. 260).

Internal control - "personal responsibility for an outcome: (McBride: p. 75) "which originates within the person" (Bar-Tal: p. 260).

Locus of control - A person's responsibility for an outcome which can be internal or external (McBride: p. 75).

Respondents - "The numbers of students that consistently answered the surveys." (DuVall).

Stable - Fixed/"does not vary over time." (Bar-Tal: p. 260).

Unstable - Variable/"fluctuates over time." (Bar-Tal: p. 260).

CHAPTER II

REVIEW OF THE LITERATURE

The review of the literature showed that attribution theory was minimally used in nursing education. Therefore, this review included articles that were related to Weiner's Attribution theory, achievement needs, motives, attitudes, socialization of women, and student perceptions.

An "attribution" is the inference that a person makes about the causes of his own or another person's behavior (Bar-Tal: p. 259). Therefore, attribution theory explores how people figure out their behavior. According to Rodin, "attributions are significant because people respond not to the environment per se but to their cognitive representations of these environments" (Rodin: p. 531). Bernard Weiner and his associates designed the model on attribution theory of achievement-related behaviors of success and failure used in this study. They suggested that there were four attributes that were related to achievement of success and failure, i.e., ability, effort, the degree of difficulty of the task, and a person's luck (Harvey: p. 23). Further explanation of the attributes includes the following: 1) They were classified according to "locus of control" which means "personal or environmental responsibility for an outcome" (McBride: p. 75), and stability. Ability and effort were considered to be "internal" controls because they

"originated within the person" (Bar-Tal: p. 260). Task difficulty and luck were "external" because they "originated outside the person" (Bar-Tal: p. 260). 2) Task difficulty and ability were classified as "stable" factors which means they are not predicted to vary if the same event is repeated (Bar-Tal: p. 260). Whereas, effort and luck were considered "unstable" which means they can "fluctuate over time" with each reattempt (Bar-Tal: p. 260). 3) The feelings of pride and satisfaction were associated with internal explanations of successful achievement. Whereas, dissatisfaction and shame were associated with failure (Bar-Tal: p. 260). Further research in the area of achievement related behaviors extended the attributes to include "stable effort, other people, mood, personality, fatigue, teacher bias and intentionality as a third causal dimension" (Harvey: p. 26). A complete reading of the comments presented in the Appendices A through C would reveal support of the other attributes. Weiner found that success was attributed generally to internal reasons and failure to external reasons.

Bar-Tal studied student success and failure in terms of students' needs for achievement. Bar-Tal believed that there were basically two types of students, i.e., high achievers and low achievers. His studies revealed that high achievers related success to internal causes, such as ability and effort. Therefore, when they succeeded

they felt proud and satisfied with their performance. However, the low achievers related success to external factors, therefore, feeling less satisfaction from the same success. Low achievers blamed failure on lack of ability which the student could do little to change, whereas high achievers viewed failure as lack of effort which they could do something about. The low achiever did not realize the importance of effort in goal achievement, therefore, continued to fail by not trying, when she/he had the ability (Bar-Tal: p. 263). This supports Weiner's assumption that "beliefs about the causes of success and failure mediate between the perceptions of an achievement task and the final performance" (Bar-Tal: p. 260).

Morris and Grassi-Russo researched how motives and attitudes influenced a student's success and failure. They found that helping people and an interest in science and medicine were strong motivations for beginning students (Morris and Grassi-Russo: p. 36). The reader will see that helping people was an important motive that was found throughout the program for Memorial students. Grassi-Russo and Morris also studied one hundred and two students over an eight month time span looking at their attitudes. It was found that after eight months students believed that the: "1) instructors, 2) being competent, 3) helping patients, 4) working with people, 5) clinical work were positive experiences that made them feel successful. Whereas,

1) overall pressure and stress, 2) fear of failing out of school, 2) relating to certain people, 3) others failing out of school, 4) anxiety about clinical work, 5) lack of self-confidence were negative aspects which made them feel unsuccessful" (Grassi-Russo and Morris, 1981: p. 13). Several remarks made by the Memorial students which would validate the above findings are in Appendices A through C. A crucial point of the study was the fact that after eight months, the instructor was the top reason for success. Davidhizar and Policinski reinforced the importance of an instructor's power with students in their unpublished article on "mentoring the novice." Suggestions were given on how an instructor could reduce the students' 1) feelings of insecurity, 2) perceptions of threats by authority figures, 3) feelings of overstimulation and 4) fear of the unknown since these all can lead to lack of success for freshmen students. Grassi-Russo and Morris concurred that students' negative feelings about their clinical experiences can lead to failure. Furthermore, Rodin pointed out from his research on health-related outcomes that attributions made with faulty or insufficient evidence can have detrimental effects, i.e., delaying seeking treatment. When a person does not have all the evidence he/she will tend to fill in the gaps with his/her own perceptions (Rodin: p. 532). Application of this to nursing education would possibly show

that students who do not receive much positive feedback from their instructors could fill in the gaps with negative ideas especially in their freshmen year because of their fears (Morris, et al, 1981) and their perceived low ability (Davidhizar: in press). Also, the student who is failing may delay seeking help trying to figure out first "why" or "why me"?

Even though gender differences were not studied, because of unavailability of male students, there was evidence to suggest that females use more external attributes and luck than males to explain success. Also, women rate their ability less highly than males in situations of success (Bar-Tal: p. 263). A possibility exists that the female students who did not feel successful could be explained by the way women are socialized. For example, "Horner (1975), states that most women fear the social consequences of success, that is they fear being labeled unfeminine and being rejected as the direct result of having attained success" (Webb: p. 75).

The article that related most closely to my topic was the original study on student perceptions of success and failure (Davidhizar: in press). The study population consisted of one hundred ninety-one students of Memorial Hospital of South Bend School of Nursing. The major findings revealed that: 1) students overall felt successful in nursing care and theory, 2) their success was related to internal reasons such as ability and effort, 3)

their failure was related to external explanations such as task difficulty and bad luck, 4) the instructor was the most important reason for success and failure, and 5) Weiner's attributes were only used 50 per cent of the time in the open-ended response section.

In conclusion, it is still speculative on how a student explains his or her success or lack of success. The literature review indicated various opinions such as his/her achievement needs, attitudes, motives, Weiner's attributes and socialization as influencing factors to explain success and failure.

CHAPTER III

PRESENTATION AND ANALYSIS OF DATA

The purpose of this chapter was to present the analysis of the data of a twenty-eight month study that applied Weiner's attribution theory to explain students' perceptions of success and failure in a diploma nursing school. A comparative analysis was made with the Davidhizar study examining differences in the second and third levels of the program. When analyzing the data, the possible variations in interpretations of the scale were also taken into consideration. References have been made to selected comments from the students in the appendix. In order to locate them easily in the appendix, a footnote follows each comment. The first letter represents the appendix and level. For example, A = Appendix A and Level I, B = Appendix B and Level II. The large Roman numerals designates the course within the level. For example, BI = Medical-Surgical Nursing II, BII = Maternity Nursing and BIII = Nursing of Children. The number following represents a question on the survey. For example, BIII-1 refers to section on successful attributes of providing nursing care. BIII-2 refers to the section on attributes that related to lack of success in providing nursing care. This is followed by the page numbers (BIII-2/01) as well as an individual identification number for each "respondent" (BIII-2/01, 01).

If there was more than one respondent on the same page, with the same comment, then they are listed together. (BIII-1/02, 06; 09; 10). A respondent is a student who consistently participated in the study.

EXPLANATIONS OF SUCCESS IN PROVIDING NURSING CARE

Effort. Nearly all of the students, in all of the courses, when asked to rate the importance of trying hard to give good nursing care as a reason for success responded extremely positive (97 per cent). Only two students acknowledged that effort was not a reason for their success in providing nursing care. Effort was given consistently as a reason for success as the students advanced in each level (See Table 1). Of the four attributes, effort was ranked the number one explanation for success in providing nursing care. Comparison of all the courses, revealed that effort was the most important attribute for the course, Medical-Surgical Nursing II and the least for the course, Psychiatric and Mental Health Nursing. Effort was also the least important explanation for Psychiatric and Mental Health Nursing in the cross sectional.

Ability. Nearly all of the students, in all of the courses responded positively (96 per cent) to the statement: "I have good ability when it comes to giving nursing care." Ability was the second most frequent cited explanation for success in providing nursing care. This concurred

TABLE 1. OVERALL PERCEPTIONS OF SUCCESS IN PROVIDING NURSING CARE - RELATING TO PERCEIVED IMPORTANCE OF EFFORT (Internal/Unstable after Davidhizer/Weiner)

Sc/Pts	1		2		3		4		5		6		7		8		9		NR		Tot	
Course	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
=====																						
LEVEL 1																						
Nurs. I	--	--	--	--	--	--	--	--	1	2	1	2	1	2	10	18	40	74	1	2	53	98
=====																						
LEVEL 2																						
MedS II	1	1	--	--	--	--	--	--	--	--	--	--	1	1	10	19	42	79	--	--	54	100
DvdSt	--	--	--	--	--	--	--	--	2	7	1	4	3	11	8	30	13	48	--	--	27	100
Matr.	--	--	--	--	--	--	--	--	--	--	--	--	3	6	9	17	42	77	--	--	54	100
DvdSt	--	--	--	--	--	--	--	--	--	--	--	--	1	7	4	29	9	64	--	--	14	100
N/Chld	--	--	--	--	--	--	--	--	--	--	--	--	2	4	12	22	39	72	1	2	53	98
DvdSt	--	--	--	--	--	--	1	6	--	--	1	6	--	--	3	19	11	69	--	--	16	100
=====																						
TotLv2	1	1	--	--	--	--	--	--	--	--	--	--	6	4	31	19	123	74	1	1	161	99
DvdSt	--	--	--	--	--	--	1	2	2	4	2	4	4	7	15	26	33	57	--	--	57	100
=====																						
LEVEL 3																						
MedS III	--	--	--	--	--	--	--	--	--	--	--	--	--	--	3	20	11	73	1	7	14	93
DvdSt	** Data not available																					
Prin.	--	--	--	--	--	--	--	--	--	--	--	--	1	5	2	11	16	84	--	--	19	100
DvdSt	--	--	--	--	--	--	--	--	--	--	--	--	1	6	5	31	10	63	--	--	16	100
Psych.	1	7	--	--	--	--	--	--	--	--	--	--	1	7	3	20	10	66	--	--	15	100
DvdSt	--	--	--	--	--	--	--	--	--	--	--	--	4	25	4	25	8	50	--	--	16	100
=====																						
TotLv3	1	2	--	--	--	--	--	--	--	--	--	--	2	4	8	16	37	76	1	2	48	98
DvdSt	--	--	--	--	--	--	--	--	--	--	--	--	5	16	9	28	18	56	--	--	32	100
=====																						
GR TOT	2	1	--	--	--	--	--	--	1	1	1	1	9	3	49	19	200	74	3	1	262	99
DvdSt	--	--	--	--	--	--	1	1	3	2	3	2	10	7	34	24	91	63	1	1	142	99
=====																						

with the Davidhizar study. Perceived ability increased in all of the courses when compared to the introductory class - except for Medical-Surgical Nursing III (60 per cent).

A few revealing comments were:

Fear of critically ill patient's condition. (CI-2/01, 30).

Fear of new areas in rotation. (CI-2/01, 15).

Critical care areas - they don't let you do much. (CI-2/01, 30).

New or highly technical machines or equipment. (CI-2/01, 30).

New and different procedures/equipment I've never used before. (CI-2/01, 39).

Experience (lack of). (CI-2/01, 01).

First time performing a procedure. (CI-2/01, 32).

Therefore, this reflected their insecurities working in a new environment (special care units) dealing with life-threatening conditions.

Similarly, Nursing I students also perceived themselves as having a lower ability. (61 per cent).

A few selected comments discloses much of the same feelings:

Nervousness. (A-2/01, 9), (A-2/02, 28; 29), (A-2/03, 32; 39; 43; 45).

Irregular event - novel event in clinical situations. (A-2/02, 16).

Being afraid of new situations. (A-2/02, 18).

Lack of experience. (A-2/01, 12), (A-2/02, 30), (A-2/03, 31; 32).

An interesting point, was the increased per cents for Maternity Nursing (76 per cent) and Nursing of Children (70 per cent). These were new courses without previous background material in the curriculum, so one might expect the results to be equivalent to Nursing I. The possibility exists that the reason for the increase might be related to previous and personal experiences. Comments to validate this supposition:

Past experience for myself in labor and delivery. (BII-1/04, 26), (B II-1/03, 17; 20), (BII-1/06, 38).

Background experiences with children (BIII-1/04, 26; 27), (BIII-1/07, 43; 46).

Eight years experience in Nursing. (BIII-1/04, 21).

Perceived ability seemed to increase overall from level to level, which can be expected. The major themes that kept running through the remarks, from the overall perceptions of success in providing nursing that supported this were: 1) An increase in knowledge; 2) experiences (past, present and personal); 3) an increase in self-confidence, 4) independence, and 5) competence. A complete presentation of the comments can be found in Appendices A-1, BI-1, BII-1, BIII-1, CI-1, CII-1, and CIII-1.

Comparison of the two studies indicate that the longitudinal reflected a slightly more positive response than the original. Therefore, over time perceived ability in the same group proved to be even more important. This seemed to re-

flect growth of students going through the program. However, no matter what level the student was, and no matter how much accumulated experiences one had, a decreased sense of ability occurred with new experiences. Fear was also associated with new experiences. For complete data see Table 2.

Task Ease. The students were asked to rate the statement: "The tasks required for nursing care are relatively easy to accomplish." They reacted with mixed feelings (41 per cent). There seemed to be a lot of variance within each course (See Table 3). It appears that some confounding occurred because first of all, interpretation of what is "easy" can vary with each individual. Secondly, according to Weiner, task ease is a stable factor. However, the possibility exists that the respondents interpreted this as an unstable dimension because they evaluated all of their experiences whether they had a chance to repeat them or not. Thirdly, this can be viewed as more of an unstable factor in application because it is hard to duplicate the exact experience for a student. It also appeared that confusion occurred with interpretation of the scale because of the number of students that used the 1 and 5. However, the trend was still the same. As the respondents progressed through the program, task ease became a more important reason for an explanation of their success in nursing care. This was true for the Davidhizar

TABLE 2. OVERALL PERCEPTIONS OF SUCCESS IN PROVIDING NURSING CARE - RELATING TO PERCEIVED IMPORTANCE OF ABILITY (Internal/Stable after Davidhizer/Weiner)

Sc/Pts	1	2	3	4	5	6	7	8	9	NR	Tot											
Course	f	%	f	%	f	%	f	%	f	%	f	%										
LEVEL 1																						
Nurs. I	--	--	--	--	--	--	--	2	4	7	13	11	20	17	31	16	30	1	2	53	98	
LEVEL 2																						
MedS II	--	--	--	--	--	1	2	3	6	3	6	8	14	18	33	21	39	--	--	54	100	
DvdSt	2	7	--	--	--	--	--	2	7	1	4	5	19	11	40	6	23	--	--	27	100	
Matr.	--	--	--	--	--	--	--	1	2	6	11	6	11	18	33	23	43	--	--	54	100	
DvdSt	--	--	--	--	--	1	7	2	14	--	--	3	21	4	29	4	29	--	--	14	100	
N/Chld	--	--	--	--	--	1	2	1	2	4	7	10	19	17	31	21	39	--	--	54	100	
DvdSt	--	--	--	--	1	6	2	13	1	6	2	13	5	30	2	13	3	19	--	--	16	100
LEVEL 2 (continued)																						
TotLv2	--	--	--	--	--	2	1	5	3	13	8	24	15	53	33	65	40	--	--	162	100	
DvdSt	2	3	--	--	1	2	3	5	5	9	3	5	13	23	17	30	13	23	--	--	57	100
LEVEL 3																						
MedS III	--	--	--	--	--	--	--	1	7	--	--	4	26	5	33	4	27	1	7	14	93	
DvdSt	** Data not available																					
Prin.	--	--	--	--	--	--	--	--	--	--	--	3	16	10	53	6	31	--	--	19	100	
DvdSt	--	--	--	--	--	--	--	1	6	1	6	4	26	5	31	5	31	--	--	16	100	
Psych.	1	7	--	--	--	--	--	--	--	1	7	1	7	5	33	7	46	--	--	15	100	
DvdSt	--	--	--	--	--	--	--	--	--	3	19	2	13	6	37	4	25	1	6	15	94	
LEVEL 3 (continued)																						
TotLv3	1	2	--	--	--	--	--	1	2	1	2	8	16	20	41	17	35	1	2	48	98	
DvdSt	--	--	--	--	--	--	--	1	3	4	13	6	19	11	34	9	28	1	3	31	97	
GR TOT																						
GR TOT	1	-1	--	--	--	--	2	1	8	3	21	8	43	16	90	34	98	38	2	1	263	99
DvdSt	2	1	--	--	1	1	3	2	8	6	14	10	30	21	45	31	38	27	2	1	141	99

TABLE 3. OVERALL PERCEPTIONS OF SUCCESS IN PROVIDING NURSING CARE - RELATING TO PERCEIVED IMPORTANCE OF TASK EASE (External/Stable after Davidhizer/Weiner)

Sc/Pts	1		2		3		4		5		6		7		8		9		NR		Tot	
Course	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
LEVEL 1																						
Nurs. I	14	26	6	11	4	7	7	13	11	20	3	6	6	11	2	4	--	--	1	2	53	98
LEVEL 2																						
MedS II	8	15	3	6	5	9	7	13	8	15	3	6	9	16	7	13	4	7	--	--	54	100
DvdSt	--	--	4	15	2	7	3	11	4	15	3	11	2	7	6	23	3	11	--	--	27	100
Matr.	8	15	2	4	3	6	2	4	7	13	10	18	7	13	10	18	5	9	--	--	54	100
DvdSt	3	21	3	21	--	--	--	--	5	37	--	--	1	7	1	7	1	7	--	--	14	100
N/Chld	7	13	3	6	6	11	3	6	12	22	6	11	6	11	9	16	2	4	--	--	54	100
DvdSt	3	19	5	30	2	13	--	--	2	13	1	6	2	13	1	6	--	--	--	--	16	100
TotLv2	23	14	8	5	14	9	12	7	27	16	19	12	22	14	26	16	11	7	--	--	162	100
DvdSt	6	11	12	21	4	7	3	5	11	19	4	7	5	9	8	14	4	7	--	--	57	100
LEVEL 3																						
MedS III	2	13	1	7	--	--	3	20	2	13	1	7	3	20	2	13	--	--	1	7	14	93
DvdSt	** Data not available																					
Prin.	3	16	3	16	--	--	1	5	5	25	1	5	2	11	2	11	2	11	--	--	19	100
DvdSt	1	6	--	--	2	12	3	19	2	12	2	13	3	19	3	19	--	--	--	--	16	100
Psych.	4	26	1	7	1	7	2	13	2	13	1	7	3	20	1	7	--	--	--	--	15	100
DvdSt	1	6	1	6	2	13	1	6	4	25	3	19	2	13	1	6	1	6	--	--	16	100
TotLv3	9	19	5	10	1	2	6	12	9	19	3	6	8	16	5	10	2	4	1	2	48	98
DvdSt	2	6	1	3	4	13	4	13	6	17	5	16	5	16	4	13	1	3	--	--	32	100
GR TOT	46	17	19	7	19	7	25	9	47	18	25	9	36	14	33	13	13	5	2	1	263	99
DvdSt	22	16	19	13	12	8	14	10	28	20	12	8	16	11	14	10	5	3	1	1	142	99

study. Overall, the students perceived task ease to be most important in the second level.

Comparison of the courses revealed that Nursing I tended to perceive that task ease was the least important reason for their success, which may imply they found the tasks to be most difficult in the curriculum. Whereas, the course Maternity Nursing perceived that task ease was the most important reason for their success (48 per cent). A few selected references to help illustrate this point in Maternity Nursing:

The patients aren't sick. (BII-1/02, 05).

Happy patients. (BII-1/06, 41).

Care is easy with OB patients. (BII-1/03, 18).

Davidhizar, on the other hand, found that Medical-Surgical Nursing II was the course that task ease was perceived to be the most important reason for success and Nursing of Children was the least. Both studies agreed that task ease ranked third as an explanation of success.

Luck. When the students were asked to rate the importance of the following statement: "I have good luck in the assignments I have had", they responded with mixed feelings (See Table 4). It appeared again that confusion occurred with interpretation of the scale because of the clustering effect with the 1 and 5. It seemed that the majority of nursing students in the freshmen year reflected that luck in the assignment had little to do with success in nursing

TABLE 4. OVERALL PERCEPTIONS OF SUCCESS IN PROVIDING NURSING CARE - RELATING TO PERCEIVED IMPORTANCE OF LUCK (External/Unstable after Davidhizer/Weiner)

Sc/Pts Course	1		2		3		4		5		6		7		8		9		NR		Tot	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
LEVEL 1																						
Nurs. I	30	55	9	17	5	9	1	2	5	9	1	2	1	2	1	2	--	--	1	2	53	98
LEVEL 2																						
MedS II	12	22	10	18	3	6	2	4	10	18	2	4	3	6	10	18	2	4	--	--	54	100
DvdSt	4	15	3	11	5	19	4	15	4	15	2	7	3	11	2	7	--	--	--	--	27	100
Matr.	16	30	10	18	1	2	2	4	8	15	2	4	5	9	5	9	5	9	--	--	54	100
DvdSt	9	65	1	7	--	--	--	--	3	21	--	--	--	--	1	7	--	--	--	--	14	100
N/Chld	19	35	6	11	1	2	4	7	8	15	3	6	3	6	4	7	6	11	--	--	54	100
DvdSt	6	37	2	13	4	25	1	6	1	6	2	13	--	--	--	--	--	--	--	--	16	100
TotLv2	47	29	26	16	5	3	8	5	26	16	7	4	11	7	19	12	13	8	--	--	162	100
DvdSt	19	33	6	11	9	16	5	9	8	14	4	7	3	5	3	5	--	--	--	--	57	100
LEVEL 3																						
MedS III	2	13	5	33	2	13	3	20	1	7	1	7	--	--	--	--	--	--	1	7	14	93
DvdSt	** Data not available																					
Prin.	6	31	2	11	2	11	2	11	3	15	1	5	--	--	1	5	2	11	--	--	19	100
DvdSt	2	13	--	--	1	6	2	13	1	6	2	13	2	13	5	30	1	6	--	--	16	100
Psych.	6	40	1	7	2	13	2	13	3	20	--	--	1	7	--	--	--	--	--	--	15	100
DvdSt	2	13	3	19	4	25	--	--	5	30	2	13	--	--	--	--	--	--	--	--	16	100
TotLv3	14	30	8	16	6	12	7	14	7	14	2	4	1	2	1	2	2	4	1	2	48	98
DvdSt	4	13	3	9	5	16	2	6	6	18	4	13	2	6	5	16	1	3	--	--	32	100
GR TOT																						
DvdSt	53	37	18	13	19	13	8	6	19	13	9	6	6	4	9	6	1	1	1	1	142	99

care (83 per cent). A little over one-half (55 per cent) scored with a one indicating that this was not a reason for success. However, the students in Medical-Surgical Nursing II, Maternity Nursing, Nursing of Children, and Principles of Nursing Leadership responded more positively towards this attribute. The possibility exists that the students interpreted luck in assignments with the availability to apply material learned in class. The few following selected comments support this idea:

Knowledge from class. (BI-1/01, 05), (BII-1/02, 01), (BI-1/06, 38).

The actual doing of it on the floor. (BI-3/01, 02).

How close was the content to actual use of it. (BI-3/02, 14).

Theory taught relates to clinical assignments. (BII-1/05, 34), (BIII-3/01, 06), (BIII-3/02, 12), (BIII-1/04, 25), (BIII-3/04, 29).

The variance could mean that the students may not have felt lucky all the times because of:

Being assigned clinical patients before theory in class. (BI-2/01, 03), (BI-2/02, 14), (BII-2/02, 14), (CI-2/01, 01).

The patient took an instant dislike to me. (BII-2/04, 53).

Patients not wanting a male nurse. (BII-2/02, 15).

Overall, luck as a reason for success in nursing care appeared to be more important as an explanation as the student advanced in the program. In the cross-sectional luck was most important in Principles of Nursing Leader-

ship while in the longitudinal it changed to Medical-Surgical Nursing II. This variance could be due to the difference in the number of respondents. Luck was rated 4th and the last reason to explain success in nursing care (23 per cent). This was also true of the Davidhizar study.

EXPLANATIONS OF FAILURE IN PROVIDING NURSING CARE

Task Difficulty. Of the students that responded to the following statement (62 per cent): "I am unsuccessful because the tasks required for nursing care are relatively difficult to accomplish", seemed to indicate that this was the number one reason for failure (33 per cent). This concurred with Davidhizar. However, as the student progressed through the program task difficulty became less important as a reason for failure. For complete information see Table 5.

Nursing I was cited to have more students on the upper one-half of the scale believing that their failure was due to task difficulty. Maternity Nursing reported that this was cited the least important reason for failure (20 per cent). This concurred with the perceptions that the tasks were the easiest to accomplish in Maternity Nursing and the most difficult in Nursing I. There was more of a variance for task difficulty when comparing the cross-sectional with the longitudinal for Principles of Nursing Leadership. There was no significant differences between the second

TABLE 5. OVERALL PERCEPTIONS OF LACK OF SUCCESS IN PROVIDING NURSING CARE - RELATING TO PERCEIVED IMPORTANCE OF TASK DIFFICULTY (External/Stable after Davidhizer/Weiner)

Sc/Pts	1		2		3		4		5		6		7		8		9		NR		Tot	
Course	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
LEVEL 1																						
Nurs. I	8	15	8	15	6	11	--	--	2	4	1	2	3	5	--	--	1	2	25	46	29	54
LEVEL 2																						
MedS II	13	24	7	13	4	7	3	6	6	11	--	--	--	--	1	2	--	--	20	37	34	63
DvdSt	10	37	8	30	4	15	2	7	--	--	--	--	1	4	--	--	--	--	2	7	25	93
Matr.	18	34	4	7	1	2	2	4	4	7	--	--	--	--	--	--	--	--	25	46	29	54
DvdSt	7	51	2	14	2	14	--	--	--	--	--	--	--	--	2	14	1	7	--	--	14	100
N/Chld	18	33	5	9	5	9	6	11	4	8	1	2	--	--	--	--	--	--	15	28	39	72
DvdSt	7	44	1	6	2	13	1	6	1	6	1	6	--	--	1	6	--	--	2	13	14	87
TotLv2	49	29	16	10	10	6	11	7	14	9	1	1	--	--	1	1	--	--	60	37	102	63
DvdSt	24	42	11	19	8	14	3	5	1	2	1	2	1	2	3	5	1	2	4	7	53	93
LEVEL 3																						
MedS III	5	33	2	26	--	--	1	7	1	7	--	--	1	7	--	--	--	--	3	20	12	80
DvdSt	** Data not available																					
Prin.	5	26	1	5	1	5	2	11	--	--	1	5	--	--	--	--	--	--	9	48	10	52
DvdSt	4	24	3	19	2	13	1	6	1	6	2	13	1	6	2	13	--	--	--	--	16	100
Psych.	6	40	3	20	2	13	--	--	--	--	--	--	--	--	--	--	--	--	4	27	11	73
DvdSt	7	44	4	25	1	6	2	13	1	6	--	--	--	--	--	--	--	--	1	6	15	94
TotLv3	16	33	8	16	3	6	3	6	1	2	1	2	1	2	--	--	--	--	16	33	33	67
DvdSt	11	36	7	22	3	9	3	9	2	6	2	6	1	3	2	6	--	--	1	3	31	97
GR TOT																						
DvdSt	73	27	32	12	19	7	14	5	17	6	3	1	4	2	1	1	1	1	101	38	164	62
	43	32	26	18	17	12	6	4	5	3	4	3	5	3	5	3	2	1	30	21	113	79

and third levels for task difficulty. Of those that responded, approximately 50 per cent in Level II and Level III indicated that it was a reason for failure as opposed to 72 per cent in Level I. The students remarks tend to show a high degree of support for task difficulty being a reason for failure. A few selected references should suffice to illustrate this support:

Lack of cooperation on the part of the patient.
(A-2/01, 01; 03; 12), (BI-2/02, 18 and 19),
(BI-2/04, 45; 47; 48 and 49), (BII-2/02, 18 and 19)
(CII-2/02, 47), (CIII-2/02, 36).

Too difficult. (A-2/01, 06), (A-2/02, 18; 30),
(A-2/03, 49), (BI-2/02, 16).

Difficult situation or procedure. (BII-2/03, 32),
(BII-2/03, 36).

The possibility may exist that the following contributing factors may increase a students' perceived degree of difficulty for a task as evidenced by the following remarks:

Lack of knowledge. (A-2/01, 01 and 06), (A-2/02, 20 and 28), (A-2/03, 49 and 50), (BI-2/01, 01, 06, and 08), (BI-2/02, 20), (BI-2/03, 30; 38; 41 and 43), (BII-2/02, 11; 16; and 19),

Nervous. (A-2/01, 01 and 09), (A-2/02, 28 and 29), (A-2/03, 32; 43 and 45), (BI-2/02, 16 and 18), (BI-2/03, 30; 38 and 43), (BIII-2/01, 03), (BIII-2/02, 16)

Lack of confidence. (A-2/01, 01), (A-2/02, 19; 20 and 29), (CI-2/01, 06; 15; 30; 32; and 39).

Bad experience first. (BI-2/02, 14).

Causing pain. (BIII-2/03, 25 and 30).

Don't like this rotation. (CII-2/02, 18).

Task difficulty seemed to be more true as a reason for fail-

ure in the cross-sectional which concurred with the results that task ease was more important as a reason in the longitudinal study. In the original study, Principles of Nursing Leadership was cited the most and Medical-Surgical Nursing II and Psychiatric and Mental Health Nursing were cited the least as an explanation for lack of success in providing nursing care. Again, this showed a difference in the courses.

Low Effort. Of the students that responded to the statement (64 per cent), "I am unsuccessful because I don't try hard enough to give good care", indicated that the vast majority of students in all of the courses felt that low effort was not a reason for them for their lack of success in providing nursing care. However, it still was the second most frequently cited reason (17 per cent). Low effort seemed to remain stable as a reason for lack of success as the students progressed in the program. There were a few students in each course that indicated that lack of effort was to some degree a reason for their perceived lack of success in providing nursing care (See Table 6). For example, the following remarks that might explain a student's perceived lack of effort:

The mood I'm in. (BII-2/03, 47), (A-2/01, 07), (A-2/03, 36).

Personal problems. (BI-2/02, 12 and 26), (CI-2/01, 12).

It's a nice day out and I'd rather be doing something else. (BII-2/03, 46).

TABLE 6. OVERALL PERCEPTIONS OF LACK OF SUCCESS IN PROVIDING NURSING CARE - RELATING TO PERCEIVED IMPORTANCE OF LOW EFFORT (Internal/Unstable after Davidhizer/Weiner)

Sc/Pts	1	2	3	4	5	6	7	8	9	NR	Tot											
Course	f	%	f	%	f	%	f	%	f	%	f	%										
LEVEL 1																						
Nurs. I	21	39	5	9	--	--	--	--	1	2	2	4	--	--	--	--	1	2	24	44	30	56
LEVEL 2																						
MedS II	25	46	7	13	--	--	--	--	1	2	2	4	--	--	--	--	--	--	19	35	35	65
DvdSt	13	48	7	26	--	--	1	4	1	4	--	--	3	11	--	--	--	--	2	7	25	93
Matr.	24	44	2	4	--	--	1	2	--	--	1	2	--	--	1	2	--	--	25	46	29	54
DvdSt	12	86	1	7	--	--	--	--	--	--	1	7	--	--	--	--	--	--	--	--	14	100
N/Chld	30	55	7	13	--	--	--	--	--	--	1	2	--	--	--	--	1	2	15	28	39	72
DvdSt	8	50	5	31	--	--	--	--	--	--	--	--	--	--	--	--	1	6	2	13	14	87
TotLv2	79	50	16	10	--	--	1	1	1	1	4	2	--	--	1	1	1	1	59	36	103	64
DvdSt	33	57	13	23	--	--	1	2	1	2	1	2	3	5	--	--	1	2	4	7	53	93
LEVEL 3																						
MedS III	7	47	2	13	--	--	2	13	--	--	--	--	--	--	--	--	1	7	3	20	12	80
DvdSt	** Data not available																					
Prin.	9	47	--	--	--	--	--	--	--	--	--	--	1	5	--	--	--	--	9	48	10	52
DvdSt	11	69	2	13	1	6	1	6	--	--	--	--	--	--	--	--	--	--	1	6	15	94
Psych.	8	53	--	--	--	--	--	--	1	7	--	--	1	7	--	--	1	7	4	26	11	74
DvdSt	8	51	5	31	1	6	--	--	--	--	--	--	--	--	--	--	1	6	1	6	15	94
TotLv3	24	50	2	4	--	--	2	4	1	2	--	--	2	4	--	--	2	4	16	32	33	68
DvdSt	19	60	7	22	2	6	1	3	--	--	--	--	--	--	--	--	1	3	2	6	30	94
42													1									
GR TOT	124	49	23	9	--	--	3	1	3	1	6	2	2	1	1	-1	4	2	99	36	106	64
DvdSt	73	52	25	17	2	1	2	1	2	1	3	2	3	2	--	--	3	2	30	21	113	79

At times just "sick of clinical". (BIII-2/02, 08 and 18).

"Burned out" with school. (CII-2/01, 33).

Lack of effort, an internal attribute, was cited the second most frequently used explanation for failure in nursing care. Davidhizar's study reported that the external attribute, bad luck was the second most common way to explain failure. Over time it appeared that failure can be taken more personally since low effort is an internal cause. Therefore, this could have more of a detrimental effect on a person's emotional well being. The course that this was most true for was Medical-Surgical Nursing II in Level II and Psychiatric and Mental Health Nursing in Level III. This was least true for Maternity Nursing in Level II and Principles of Nursing Leadership in Level III.

Bad Luck. When the students were asked to evaluate "I am unsuccessful in nursing care because I have had bad luck in the assignments I have had, indicated that with the overwhelming majority bad luck had little to do with their perceived failure in nursing care. The respondents that were in Nursing of Children used this attribute the most to explain their failure. Some revealing remarks were the following:

Floor is too rushed at times. (BIII-2/01, 08).

Number of assigned patients each day. (BIII-2/02, 10).

Lack of interest in caring for sick children. (BIII-2/04, 38 and 41).

Health. (BIII-2/04, 38), (BIII-2/05, 53).

This was the least cited explanation in Psychiatric and Mental Health Nursing. This external attribute was used third as a reason for lack of success (16 per cent). The importance of this attribute seemed to change with time. It seemed to become less important when reviewed longitudinally. *- When compared with longit.* There was very little variance between the levels (2 per cent). For complete data see Table 7.

Low Ability. When the students were queried on the statement, "I am unsuccessful because I do not have ability when it comes to giving nursing care", responded overwhelmingly that this was not a reason that they proffered for failure. The trend that developed, indicated that low ability decreased consecutively with each level as a reason for failure. The students in Nursing I used this attribute the most to explain lack of success in providing nursing care. A few selected comments may suggest why:

Using the wrong terms in charting. (A-2/03, 39).

Not knowing how. (A-2/01, 06), (A-2/02, 20).

Inability to communicate with patients. (A-2/01, 11).

Unable to do as much as I'd like to do. (A-2/01, 12), (A-2/03, 31).

I feel restricted because of limited knowledge and I am afraid to venture too deep into the conversation. (A-2/02, 14).

Unable to remember things learned in class. (A-2/03, 40).

It was used the least as a reason in Principles of Nursing

TABLE 7. OVERALL PERCEPTIONS OF LACK OF SUCCESS IN PROVIDING NURSING CARE - RELATING TO PERCEIVED IMPORTANCE OF BAD LUCK (External/Unstable after Davidhizer/Weiner)

Sc/Pts Course	1 f	1 %	2 f	2 %	3 f	3 %	4 f	4 %	5 f	5 %	6 f	6 %	7 f	7 %	8 f	8 %	9 f	9 %	NR f	NR %	Tot f	Tot %
LEVEL 1																						
Nurs. I	20	37	4	7	4	7	--	--	1	2	--	--	--	--	--	--	--	--	25	47	29	53
LEVEL 2																						
MedS II	25	46	7	13	1	2	1	2	--	--	--	--	--	--	--	--	--	--	20	37	34	63
DvdSt	16	59	5	19	2	7	--	--	1	4	1	4	--	--	--	--	--	--	2	7	25	93
Matr.	21	39	7	13	--	--	--	--	1	2	--	--	--	--	--	--	--	--	25	46	29	54
DvdSt	9	65	2	14	1	7	--	--	--	--	--	--	1	7	1	7	--	--	--	--	14	100
N/Chld	28	52	5	9	2	4	1	2	2	4	1	2	--	--	--	--	--	--	15	27	39	73
DvdSt	10	63	3	19	--	--	--	--	1	6	--	--	--	--	--	--	--	--	2	12	14	88
TotLv2	74	46	19	12	3	2	2	1	3	2	1	1	--	--	--	--	--	--	60	36	102	64
DvdSt	35	61	10	18	3	5	--	--	2	4	1	2	1	2	1	2	--	--	4	6	53	94
LEVEL 3																						
MedS III	7	46	3	20	1	7	1	7	--	--	--	--	--	--	--	--	--	--	3	20	12	80
DvdSt	** Data not available																					
Prin.	6	32	1	5	1	5	2	11	--	--	--	--	--	--	--	--	--	--	9	47	10	53
DvdSt	5	32	3	19	4	25	1	6	1	6	--	--	1	6	1	6	--	--	--	--	16	100
Psych.	10	67	--	--	--	--	--	--	1	7	--	--	--	--	--	--	--	--	4	26	11	74
DvdSt	11	69	4	25	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	6	15	94
TotLv3	23	48	4	8	2	4	3	6	1	2	--	--	--	--	--	--	--	--	16	32	33	68
DvdSt	16	50	7	23	4	12	1	3	1	3	--	--	1	3	1	3	--	--	1	3	31	97
GR TOT	117	46	27	10	9	3	5	2	5	2	1	-1	--	--	--	--	--	--	101	38	164	62
DvdSt	71	49	21	15	11	8	1	1	4	3	1	1	2	1	2	1	--	--	30	21	113	79

Leadership. For complete data see Table 8.

Low ability was used fourth and last as a reason for failure in nursing care (13 per cent).

Overall Perceptions of Success and Failure in Nursing Care. When the students were queried on how successful they generally felt about the nursing care, the vast majority of students indicated they felt successful (See Table 9). It appeared that the students felt the most successful in the course Principles of Nursing Leadership (84 percent at 9), and the least in the course Nursing I (6 per cent at 9). Nearly all of the students as they progressed through the program generally felt twice as successful in the second and third levels as they did in Nursing I. There were motivational forces and positive attitudes that were reported:

Positive attitude. (A-1/02, 09), (A-1/05, 33), (A-1/06, 37).

Motivation. (A-1/04, 26), (CII-1/02, 35), (CII-1/03, 52), (BII-1/05, 33).

Determination to get through school. (A-1/06, 37), (BI-1/07, 48).

I want to be a good nurse. (BI-1/03, 18 and 21).

Pride in my accomplishments. (BI-1/04, 24), (BI-1/05, 33).

My strong desire to succeed. (BII-1/05, 32).

Desire to excel. (BII-1/05, 35).

However, there were a few students in Medical-Surgical

TABLE 8. OVERALL PERCEPTIONS OF LACK OF SUCCESS IN PROVIDING NURSING CARE - RELATING TO PERCEIVED IMPORTANCE OF LOW ABILITY (Internal/Stable after Davidhizer/Weiner)

Sc/Pts Course	1 f	1 %	2 f	2 %	3 f	3 %	4 f	4 %	5 f	5 %	6 f	6 %	7 f	7 %	8 f	8 %	9 f	9 %	NR f	NR %	Tot f	Tot %
LEVEL 1																						
Nurs. I	17	31	6	11	2	4	--	--	--	--	1	2	1	2	2	4	--	--	25	46	29	54
LEVEL 2																						
MedS II	27	50	5	9	1	2	--	--	--	--	--	--	--	--	1	2	--	--	20	37	34	63
DvdSt	20	74	3	11	1	4	--	--	--	--	1	4	--	--	--	--	--	--	2	7	25	93
Matr.	26	48	1	2	--	--	--	--	2	4	--	--	--	--	--	--	--	--	25	46	29	54
DvdSt	13	93	--	--	--	--	--	--	--	--	--	--	--	--	1	7	--	--	--	--	14	100
N/Chld	32	59	4	7	--	--	--	--	--	--	1	2	--	--	2	4	--	--	15	28	39	72
DvdSt	10	63	4	25	--	--	--	--	--	--	--	--	--	--	--	--	--	--	2	12	14	88
TotLv2	85	53	10	6	1	1	--	--	2	1	1	1	--	--	3	2	--	--	60	36	102	64
DvdSt	43	75	7	12	1	2	--	--	--	--	1	2	--	--	1	2	--	--	4	7	53	93
LEVEL 3																						
MedS III	9	60	2	13	--	--	--	--	1	7	--	--	--	--	--	--	--	--	3	20	12	80
DvdSt	** Data not available																					
Prin.	9	47	--	--	--	--	--	--	1	6	--	--	--	--	--	--	--	--	9	47	10	53
DvdSt	11	68	2	13	2	13	1	6	--	--	--	--	--	--	--	--	--	--	--	--	16	100
Psych.	8	53	1	7	2	13	--	--	--	--	--	--	--	--	--	--	--	--	4	27	11	73
DvdSt	10	63	4	25	1	6	--	--	--	--	--	--	--	--	--	--	--	--	1	6	15	94
TotLv3	26	54	3	6	2	4	--	--	2	4	--	--	--	--	--	--	--	--	16	32	33	68
DvdSt	21	66	6	19	3	9	1	3	--	--	--	--	--	--	--	--	--	--	1	3	31	97
GR TOT																						
DvdSt	128	49	19	7	5	2	--	--	4	2	2	1	1	-1	5	2	--	--	101	38	164	62
	81	57	19	13	6	4	1	1	--	--	2	1	1	1	3	2	--	--	30	21	113	79

TABLE 9. OVERALL PERCEPTIONS OF SUCCESS IN PROVIDING NURSING CARE

Sc/Pts	1	2	3	4	5	6	7	8	9	NR	Tot											
Course	f	%	f	%	f	%	f	%	f	%	f	%										
=====																						
LEVEL 1																						
Nurs. I	--	--	--	--	--	--	--	5	9	4	7	26	48	13	24	3	6	3	6	51	94	
=====																						
LEVEL 2																						
MedS II	1	2	1	2	--	--	--	--	1	2	2	4	10	18	21	39	12	22	6	11	48	89
DvdSt	--	--	--	--	--	--	--	--	--	--	2	7	13	49	9	33	1	4	2	7	25	93
Matr.	1	2	2	4	--	--	--	--	1	2	2	4	7	13	21	38	18	33	2	4	52	96
DvdSt	--	--	--	--	--	--	--	--	--	--	1	7	4	29	8	57	1	7	--	--	14	100
N/Chld	2	4	--	--	1	2	1	2	2	4	3	5	10	18	14	26	19	35	2	4	52	96
DvdSt	--	--	--	--	--	--	--	--	1	6	2	13	8	50	5	31	--	--	--	--	16	100
=====																						
TotLv2	4	2	3	2	1	1	1	1	4	2	7	4	27	17	56	35	49	30	10	6	152	94
DvdSt	--	--	--	--	--	--	--	--	1	2	5	9	25	43	22	38	2	4	2	4	55	96
=====																						
LEVEL 3																						
MedS III	1	7	--	--	1	7	--	--	1	7	1	7	4	26	4	26	3	20	--	--	15	100
DvdSt	** Data not available																					
Prin.	--	--	--	--	--	--	--	--	--	--	--	--	1	5	2	11	16	84	--	--	19	100
DvdSt	--	--	--	--	--	--	--	--	2	13	--	--	5	31	7	44	1	6	1	6	15	94
Psych.	--	--	--	--	--	--	--	--	--	--	3	20	6	40	1	7	5	33	--	--	15	100
DvdSt	--	--	--	--	1	6	--	--	4	25	3	19	5	31	3	19	--	--	--	--	16	100
=====																						
TotLv3	1	2	--	--	1	2	--	--	1	2	4	8	11	23	7	14	24	49	--	--	49	100
DvdSt	--	--	--	--	1	3	--	--	6	20	3	9	10	31	10	31	1	3	1	3	31	97
=====																						
GR TOT	5	2	3	1	2	1	1	-1	10	4	15	6	64	24	76	29	76	29	13	5	252	95
DvdSt	--	--	--	--	1	1	--	--	12	8	12	8	61	44	45	31	6	4	6	4	137	96
=====																						

5

Nursing II, Maternity Nursing, Nursing of Children, and Medical-Surgical Nursing III that felt very unsuccessful after their clinical rotations. Reviewing the opinionnaires revealed:

Medical-Surgical Nursing III:

#6 respondent - Lack of knowledge

Lack of confidence

#30 respondent - Critical care areas - they do not let you do much

Fear of critically ill patient's condition

New or highly technical machines or equipment

Nursing of Children:

#10 respondent - Number of assigned patients each day

Criticism from instructor

Lack of cooperation from team leader

#15 respondent - Forgetting steps

Misreading orders

#25 respondent - Frustration

Lack of knowledge about procedures

Fear

Causing pain

Caring for someone else's child

#30 respondent - Didn't like doing painful procedures to children

Sleep deprivation

A lot of difference between adult and child care

Maternity Nursing:

#7 respondent - No reasons listed

#10 respondent - Lack of experience

Not enough time

Not enough instruction

#12 respondent - No reasons listed

Medical-Surgical Nursing II:

#6 respondent - Lack of knowledge about new procedures

Instructor pressure

Process form worries - have to get it done

#10 respondent - Instructor

If I have done the procedure before

Lack of sleep

Unprepared for clinical

The sad but interesting point is how a student can finish a course and pass (grade-wise) but yet still feel unsuccessful. The other aspect is that after reviewing the opinionnaires for some students this was a pattern. For example, respondent #10 felt unsuccessful in her entire second level. This area needs to be further investigated as to why it affected them this way. What made them different? The comments made by these students were no different than the comments made by the students who still felt successful.

In summary, the leading explanations for success in providing nursing care were classified according to locus of control.

Internal attributions were: 1) Being knowledgeable, 2) empathetic, 3) being self-confident. External attributions were: 1) instructors, 2) staff, 3) patients and 4) application of theory.

Interestingly four out of the seven courses stated that the instructor was the number one reason for success in providing nursing care. This was true for the cross-sectional. However, the courses varied. Even though all of the comments were not analyzed as to locus of control, the fact that the instructor was the number one reason in so many courses leads to the possibility that success is related to both internal and external reasons.

A little less than one-half (39 per cent) responded to the questions on lack of success using Weiner's attributes. This could mean that these attributes do not really explain why the students were feeling unsuccessful. Therefore, the open-ended response section should be viewed more critically.

The leading internal explanations for lack of success were: 1) being nervous and fearful, and 2) lack of knowledge. External attributions were: 1) lack of time, 2) lack of sleep, 3) uncooperative patients. It appeared that the instructors were not blamed generally for a student's failure. In only one course did this make a significant difference (Medical-Surgical Nursing II). The instructors were found to be more to blame in the cross-

sectional.

EXPLANATIONS OF SUCCESS IN THE CLASSROOM

Effort. In all of the courses, when the students were asked to respond to the statement: "I try hard to learn the nursing theories", they expressed an overwhelmingly positive feeling that they did indeed try hard (97 per cent). There were no significant differences from course to course or level to level. However, it seemed that Nursing I students perceived themselves as trying the hardest (65 per cent). There were also no significant differences with the Davidhizar study (See Table 10).

Effort was perceived to be the number one reason for their success in mastering theory content. Again, success can be related to an internal factor.

Ability. In all of the courses nearly all of the students, when asked to rate the importance of their ability as a reason for success, answered the following statement: "I have ability when it comes to learning various theories", in a positive manner (94 per cent) (See Table 11).

It appeared that the respondents sensed ability to be most important when learning theories in Medical-Surgical Nursing III and least important as a reason for Psychiatric and Mental Health Nursing (when totaling the per cents for the 8 and 9). There also appeared to be a trend that developed when totaling the upper one-half of the scale (6-9).

TABLE 10. OVERALL PERCEPTIONS OF SUCCESS IN MASTERING THEORY FROM CLASSROOM INSTRUCTION - RELATING TO PERCEIVED IMPORTANCE OF EFFORT (Internal/Unstable after Davidhizer/Weiner)

Sc/Pts	1		2		3		4		5		6		7		8		9		NR		Tot	
Course	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
=====																						
LEVEL 1																						
Nurs. I	--	--	--	--	--	--	--	--	--	--	1	2	4	7	13	24	35	65	1	2	53	98
=====																						
LEVEL 2																						
MedS II	--	--	--	--	--	--	--	--	1	2	2	4	6	11	15	28	29	53	1	2	53	98
DvdSt	--	--	--	--	--	--	--	--	1	4	3	11	10	37	12	44	--	--	1	4	26	96
Matr.	--	--	--	--	--	--	--	--	--	--	3	6	6	11	17	31	28	52	--	--	54	100
DvdSt	--	--	--	--	--	--	1	7	1	7	--	--	5	36	4	29	3	21	--	--	14	100
N/Chld	--	--	--	--	--	--	--	--	1	2	--	--	6	11	19	35	28	52	--	--	54	100
DvdSt	--	--	--	--	--	--	--	--	--	--	--	--	2	12	7	44	7	44	--	--	16	100
=====																						
TotLv2	--	--	--	--	--	--	--	--	2	1	5	3	18	11	51	31	85	53	1	1	161	99
DvdSt	--	--	--	--	--	--	1	2	2	4	3	5	17	30	23	40	10	18	1	1	56	99
=====																						
LEVEL 3																						
MedS III	--	--	--	--	--	--	--	--	--	--	--	--	1	7	6	40	8	53	--	--	15	100
DvdSt	** Data not available																					
Prin.	--	--	--	--	--	--	1	5	1	5	1	5	4	21	4	21	8	43	--	--	19	100
DvdSt	--	--	--	--	1	6	--	--	3	19	3	19	1	6	2	13	6	37	--	--	16	100
Psych.	--	--	--	--	--	--	--	--	1	7	1	7	--	--	6	40	7	46	--	--	15	100
DvdSt	--	--	--	--	--	--	--	--	--	--	1	6	7	44	3	19	5	31	--	--	16	100
=====																						
TotLv3	--	--	--	--	--	--	1	2	2	4	2	4	5	10	16	33	23	47	--	--	49	100
DvdSt	--	--	--	--	1	3	--	--	3	9	4	13	8	25	5	16	11	34	--	--	32	100
=====																						
GR TOT	--	--	--	--	--	--	1	-1	4	2	8	3	27	10	80	30	143	55	2	1	263	99
DvdSt	--	--	--	--	1	1	1	1	5	3	8	6	29	20	41	29	56	39	2	1	141	99
=====																						

TABLE 11. OVERALL PERCEPTIONS OF SUCCESS IN MASTERING THEORY FROM CLASSROOM INSTRUCTION
- RELATING TO PERCEIVED IMPORTANCE OF ABILITY (Internal/Stable after Davidhizer/Weiner)

Sc/Pts	1		2		3		4		5		6		7		8		9		NR		Tot	
Course	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
LEVEL 1																						
Nurs. I	2	4	--	--	2	4	4	7	7	13	4	7	8	15	16	30	10	18	1	2	53	98
LEVEL 2																						
MedS II	--	--	--	--	1	2	1	2	3	5	7	13	19	34	13	25	9	17	1	2	53	98
DvdSt	--	--	--	--	--	--	1	4	1	4	3	11	7	26	12	44	3	11	--	--	27	100
Matr.	--	--	1	2	1	2	2	4	4	7	4	7	15	28	15	28	12	22	--	--	54	100
DvdSt	--	--	--	--	--	--	1	7	1	7	1	7	2	14	5	36	4	29	--	--	14	100
N/Chld	1	2	--	--	--	--	--	--	5	9	8	15	11	20	24	45	5	9	--	--	54	100
DvdSt	1	6	--	--	1	6	1	6	1	6	1	6	5	32	5	32	1	6	--	--	16	100
LEVEL 2 Tot																						
TotLv2	1	1	1	1	2	1	3	2	12	7	19	12	45	28	52	31	26	16	1	1	161	99
DvdSt	1	2	--	--	1	2	3	5	3	5	5	9	14	25	22	38	8	14	--	--	57	100
LEVEL 3																						
MedS III	1	7	--	--	--	--	1	7	--	--	1	7	3	20	8	52	1	7	--	--	15	100
DvdSt	** Data not available																					
Prin.	1	5	--	--	--	--	2	11	--	--	3	16	4	21	6	31	3	16	--	--	19	100
DvdSt	--	--	--	--	--	--	--	--	3	19	2	13	4	25	5	30	2	13	--	--	16	100
Psych.	1	7	--	--	--	--	--	--	2	13	1	7	5	33	2	13	4	27	--	--	15	100
DvdSt	--	--	--	--	1	6	1	6	3	19	4	25	6	38	--	--	1	6	--	--	16	100
LEVEL 3 Tot																						
TotLv3	3	6	--	--	--	--	3	6	2	4	5	10	12	25	16	33	8	16	--	--	49	100
DvdSt	--	--	--	--	1	3	1	3	6	19	6	19	10	31	5	16	3	9	--	--	32	100
GR TOT																						
GR TOT	6	2	1	-1	4	2	10	4	21	8	28	11	65	25	84	31	44	17	2	1	263	99
DvdSt	3	2	--	--	4	3	8	6	16	11	15	10	32	22	43	30	21	15	1	1	142	96

As the students progressed, so did the importance of ability when compared to Level I. For example, in Nursing I 70 per cent felt that it was important while in the second level it had increased to 87 per cent. However, it had dropped slightly to 84 per cent in the third level, but still remained higher than when they were beginning students.

There were a total of six responses that retained the opposite view that ability was not a reason for their success and fifteen responses that indicated that it made very little difference. The following comments may offer some clues to other perceptions of success:

Desire to learn. (A-3/01, 02), (A-3/02, 09 and 12), (A-2/04, 18), (A-3/05, 28), (A-3/06, 35; 37 and 38).

Prayer and knowing God is with me. (A-3/02, 12).

Positive attitude. (BI-3/04, 24).

The importance of ability seemed to be slightly higher in the longitudinal than the cross-sectional as a reason for success in the classroom.

Ability, the internal attribute, was cited second as the most frequently used explanation of success in theory (94 per cent).

Luck. When the respondents were asked to rate the statement: "I have good luck being able to learn", seemed to respond with ambivalent feelings. (See Table 12).

Interestingly, the beginning students indicated that luck was not a reason for them but this tended to be more true for the students as they advanced in the program. The

TABLE 12. OVERALL PERCEPTIONS OF SUCCESS IN MASTERING THEORY FROM CLASSROOM INSTRUCTION
- RELATING TO PERCEIVED IMPORTANCE OF LUCK (External/Unstable after Davidhizer/Weiner)

Sc/Pts	1	2	3	4	5	6	7	8	9	NR	Tot											
Course	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
=====																						
LEVEL 1																						
Nurs. I	20	38	4	7	7	13	2	4	4	7	4	7	1	2	7	13	4	7	1	2	53	98

LEVEL 2																						
MedS II	5	9	2	4	2	4	6	11	9	17	6	11	11	20	7	13	5	9	1	2	53	98
DvdSt	3	11	2	7	--	--	2	7	2	7	5	19	7	26	6	23	--	--	--	--	27	100
Matr.	10	19	2	4	2	4	3	5	5	9	8	15	13	24	8	15	3	5	--	--	54	100
DvdSt	5	37	--	--	--	--	--	--	3	21	2	14	--	--	2	14	2	14	--	--	14	100
N/Chld	8	15	4	7	1	2	2	4	6	11	7	13	14	26	8	15	3	5	1	2	53	98
DvdSt	5	31	2	13	1	6	--	--	4	25	1	6	2	13	1	6	--	--	--	--	16	100

TotLv2	23	14	8	5	5	3	11	7	20	12	21	13	38	24	23	14	11	7	2	1	160	99
DvdSt	13	21	4	7	1	2	2	4	9	16	8	14	9	16	9	16	2	4	--	--	57	100

LEVEL 3																						
MedS III	1	7	--	--	--	--	6	40	--	--	2	13	5	33	1	7	--	--	--	--	15	100
DvdSt	** Data not available																					
Prin.	2	11	--	--	--	--	2	11	1	5	1	5	6	31	5	26	2	11	--	--	19	100
DvdSt	1	6	--	--	--	--	1	6	4	24	2	13	2	13	3	19	3	19	--	--	16	100
Psych.	5	34	--	--	--	--	--	--	3	20	3	20	2	13	--	--	2	13	--	--	15	100
DvdSt	--	--	--	--	4	25	3	19	2	12	3	19	4	25	--	--	--	--	--	--	16	100

TotLv3	8	16	--	--	--	--	8	16	4	8	6	12	13	28	6	12	4	8	--	--	49	100
DvdSt	1	3	--	--	4	13	4	13	6	19	5	15	6	19	3	9	3	9	--	--	32	100

GR TOT	51	18	12	5	12	5	21	8	28	11	31	12	52	19	36	14	19	7	3	1	262	99
DvdSt	34	24	8	6	12	8	8	6	19	13	17	12	16	11	19	13	9	6	1	1	142	99

63

course that utilized luck the most was Principles of Nursing Leadership. This concurred with Davidhizar. Luck also seemed to be more important as an explanation of success in learning theory in the longitudinal study. The difference could be due to the difference in the totals of each group.

Luck, the external attribute, rated third as the most frequently used explanation for success in the classroom (52 per cent).

Task Ease. When the students were asked to respond to the statement: "The material is easy to learn", it tended to be a "mixed" response. Again, interpretation of what is easy can be extremely variable between individuals and more of an unstable factor because new material is presented daily. Therefore, application of this attribute makes it difficult to analyze using Weiner's theory since his definition makes it a stable factor. The students reported that task ease was the most important explanation for success (58 per cent) in Maternity Nursing, and least in the course Medical-Surgical Nursing II (55 per cent). Therefore, these responses imply that the material was easiest to learn in Maternity Nursing and that it was not the easiest to learn in Medical-Surgical Nursing II. The mixed reaction seemed to be consistent throughout the levels.

Task ease was reported to be more of a reason in the cross-sectional. Davidhizar's study found that students in

TABLE 13. OVERALL PERCEPTIONS OF SUCCESS IN MASTERING THEORY FROM CLASSROOM INSTRUCTION - RELATING TO PERCEIVED IMPORTANCE OF TASK EASE (External/Stable after Davidhizer/Weiner)

Sc/Pts	1	2	3	4	5	6	7	8	9	NR	Tot
Course	f %	f %	f %	f %	f %	f %	f %	f %	f %	f %	f %
LEVEL 1											
Nurs. I	9 17	-- --	5 9	6 11	9 17	6 11	7 13	6 11	2 4	4 7	50 93
LEVEL 2											
MedS II	5 9	6 11	7 13	12 22	10 19	2 4	5 9	4 7	1 2	2 4	52 96
DvdSt	3 10	1 4	4 15	2 7	4 15	4 15	5 19	4 15	-- --	-- --	27 100
Matr.	7 13	3 5	1 2	3 5	9 17	10 19	12 22	7 13	2 4	-- --	54 100
DvdSt	-- --	2 14	-- --	1 7	6 44	1 7	1 7	2 14	1 7	-- --	14 100
N/Chld	4 8	5 9	8 15	5 9	6 11	8 15	12 21	4 8	1 2	1 2	53 98
DvdSt	3 19	3 19	1 6	-- --	4 24	2 13	-- --	2 13	1 6	-- --	16 100
TotLv2	16 10	14 9	16 10	20 12	25 15	20 12	29 19	15 9	4 2	3 2	159 98
DvdSt	6 11	6 11	5 9	3 5	14 23	7 12	6 11	8 14	2 4	-- --	57 100
LEVEL 3											
MedS III	1 7	1 7	2 13	5 32	1 7	1 7	1 7	1 7	2 13	-- --	15 100
DvdSt	** Data not available										
Prin.	2 11	-- --	2 11	4 21	3 15	2 11	5 26	1 5	-- --	-- --	19 100
DvdSt	-- --	1 6	1 6	-- --	2 13	3 19	1 6	5 31	3 19	-- --	16 100
Psych.	1 7	1 7	4 26	1 7	2 13	3 20	1 7	2 13	-- --	-- --	15 100
DvdSt	-- --	1 6	5 31	2 13	4 25	3 19	1 6	-- --	-- --	-- --	16 100
TotLv3	4 8	2 4	8 17	10 21	6 12	6 12	7 14	4 8	2 4	-- --	49 100
DvdSt	-- --	2 6	6 19	2 6	6 19	6 19	2 6	5 16	3 9	-- --	32 100
GR TOT											
DvdSt	29 11	16 6	29 11	36 14	40 15	32 12	43 17	25 9	8 3	7 2	258 98
DvdSt	15 10	8 6	16 11	11 8	29 21	19 13	15 10	19 13	7 5	4 3	139 92

Principles of Nursing Leadership to use task ease the most, and the least in Nursing of Children.

The fourth and last explanation for success in mastering theory instruction was task ease (41 per cent). For complete data see Table 13.

EXPLANATIONS OF FAILURE IN THE CLASSROOM

Task Difficulty. The students were asked to evaluate: "I am unsuccessful because the material is difficult to learn." Those that responded tended to cite this as the most frequently used explanation for lack of success in mastering theory. For 16 per cent this was an extremely important reason. Overall, 45% were influenced by this attribute by some degree. Therefore, failure was perceived as external. There was much variance within each course. This could mean there was confusion with the question. Task difficulty could be interpreted as an internal/unstable control by examining the following remarks:

Procrastinating. (A-4/01, 8 and 13), (BI-4/04, 41).

Other things on my mind. (A-4/02, 28 and 29),
(BI-4/02, 14)

Decreased ability to memorize at times. (BI-4/04, 49).

It could also be viewed by the students as an external/unstable dimension interfering with their learning as evidenced by:

Material harder than usual. (A-4/02, 18).

Unable to keep up with note taking (sometimes the instructor talks too fast to keep up). (A-4/02, 43).

Too much paper work at times. (EI-4/03, 22).

Pressures of family and school. (BIII-4/03, 33), (BIII-4/04, 41 and 43).

Psychiatric and Mental Health Nursing used the explanation the most as opposed to Medical-Surgical Nursing II which was found to have the lowest use for task ease. However, it did place second as the most frequently used course. Principles of Nursing Leadership and Maternity Nursing used this the least as an explanation of failure. Nursing of Children were the most verbal in their written comments that the material was difficult.

The second level seemed to use task difficulty the most. Considering the means, Davidhizar's study reflected a decrease in the use of task difficulty in each level with the results as the students progressed in the program, (3.7 to 3.5 to 3.4). See complete data on Table 14.

Low Effort. Of the students that responded to this statement (60 per cent): "I am unsuccessful because I don't try hard enough to learn the nursing theories", seemed to have a mixed reaction to this. Fourteen per cent indicated that this was a very important reason for their lack of success, while overall 29 per cent were influenced by this attribute to some degree (See Table 15). Low effort ranked second as the most frequently used explanation for failure in mastering theory which was also true for the cross-sectional.

TABLE 14. OVERALL PERCEPTIONS OF LACK OF SUCCESS IN MASTERING THEORY FROM CLASSROOM INSTRUCTION
- RELATING TO PERCEIVED IMPORTANCE OF TASK DIFFICULTY (External/Stable after Davidhizer/Weiner)

Sc/Pts	1		2		3		4		5		6		7		8		9		NR		Tot	
Course	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
LEVEL 1																						
Nurs. I	8	14	4	7	1	2	1	2	4	7	3	6	2	4	3	6	--	--	28	52	26	48
LEVEL 2																						
MedS II	6	11	8	15	3	6	1	2	5	9	8	15	4	7	1	2	1	2	17	30	37	70
DvdSt	5	19	2	7	5	19	5	19	2	7	2	7	1	4	1	4	--	--	4	14	23	86
Matr.	10	19	6	11	4	7	2	4	6	11	2	4	--	--	--	--	--	--	24	44	30	56
DvdSt	4	30	3	21	1	7	1	7	--	--	3	21	1	7	1	7	--	--	--	--	14	100
N/Chld	8	15	2	4	4	7	5	9	4	7	4	7	3	6	1	2	1	2	22	41	32	59
DvdSt	2	13	2	13	3	19	3	19	2	13	1	6	1	6	1	6	--	--	1	6	15	94
TotLv2	24	15	16	10	11	7	8	5	15	9	14	9	7	4	2	1	2	1	63	39	99	61
DvdSt	11	19	7	12	9	16	9	16	4	7	6	11	3	5	3	5	--	--	5	9	52	91
LEVEL 3																						
MedS III	1	7	3	20	--	--	--	--	3	20	2	13	--	--	--	--	--	--	6	40	9	60
DvdSt	** Data not available																					
Prin.	6	31	3	16	--	--	--	--	1	5	1	5	--	--	--	--	--	--	8	43	11	57
DvdSt	5	29	2	13	2	13	2	13	2	13	2	13	1	6	--	--	--	--	--	--	16	100
Psych.	3	20	1	7	--	--	4	26	--	--	--	--	3	20	1	7	1	7	2	13	13	87
DvdSt	--	--	2	13	2	13	3	19	2	13	4	23	1	6	--	--	--	--	2	13	14	87
TotLv3	10	21	7	14	--	--	4	8	4	8	3	6	3	6	1	2	1	2	16	33	33	67
DvdSt	5	15	4	13	4	13	5	15	4	13	6	19	2	6	--	--	--	--	2	6	30	94
GR TOT	42	16	27	10	12	5	13	5	23	9	20	8	12	5	6	2	3	1	107	39	158	61
DvdSt	24	18	15	10	14	10	15	10	12	8	15	10	7	5	7	5	--	--	35	24	108	76

TABLE 15. OVERALL PERCEPTIONS OF LACK OF SUCCESS IN MASTERING THEORY FROM CLASSROOM INSTRUCTION
- RELATING TO PERCEIVED IMPORTANCE OF LOW EFFORT (Internal/Unstable after Davidhizer/Weiner)

Sc/Pts		1		2		3		4		5		6		7		8		9		NR		Tot	
Course		f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
LEVEL 1																							
Nurs. I	13	24		3	5	1	2	2	4	1	2	3	5	1	2	1	2	1	2	28	52	26	48
LEVEL 2																							
MedS II	17	31		7	13	2	4	1	2	3	6	3	6	3	6	1	2	--	--	17	30	37	70
DvdSt	7	26		5	19	1	4	1	4	3	11	2	7	2	7	2	7	--	--	4	15	23	85
Matr.	17	31		2	3	1	2	3	6	1	2	1	2	1	2	3	6	1	2	24	44	30	56
DvdSt	3	21		3	21	3	21	2	16	--	--	1	7	1	7	--	--	1	7	--	--	14	100
N/Chld	19	35		3	5	1	2	1	2	1	2	2	4	6	11	--	--	--	--	21	39	33	61
DvdSt	9	56		2	13	--	--	--	--	--	--	2	13	1	6	1	6	--	--	1	6	15	94
TotLv2	53	34		12	7	4	2	5	3	5	3	6	4	10	6	4	2	1	1	62	38	100	62
DvdSt	19	33		10	18	4	7	3	5	3	5	5	9	4	7	3	5	1	2	5	9	52	91
LEVEL 3																							
MedS III	2	13		1	7	1	7	1	7	1	7	2	13	--	--	--	--	1	7	6	39	9	61
DvdSt	** Data not available																						
Prin.	5	27		1	5	--	--	--	--	2	11	1	5	1	5	--	--	1	5	8	42	11	58
DvdSt	6	35		2	13	--	--	2	13	2	13	2	13	2	13	--	--	--	--	--	--	16	100
Psych.	6	40		2	13	--	--	--	--	--	--	1	7	2	13	1	7	1	7	2	13	13	87
DvdSt	5	30		1	6	2	13	2	13	1	6	1	6	--	--	2	13	--	--	2	13	14	87
TotLv3	13	27		4	8	1	2	1	2	3	6	4	8	3	6	1	2	3	6	16	33	33	67
DvdSt	11	36		3	9	2	6	4	13	3	9	3	9	2	6	2	6	--	--	2	6	30	94
GR TOT	79	31		19	7	6	2	8	3	9	3	13	5	14	5	6	2	5	2	106	40	159	60
DvdSt	43	31		16	11	7	5	9	6	7	5	11	8	7	5	6	4	2	1	35	24	108	76

Examination of the courses revealed that low effort was the most important reason in the course Psychiatric and Mental Health Nursing as an explanation of failure (34 per cent), and the least important in the course Nursing I (11 per cent). Low effort became more of a reason as the students advanced from level to level, increasing to 22 per cent in the third level. It is not surprising that the students in the third level and in their last courses of that level would have the highest per cent overall, since they were so close to graduating.

Bad Luck. Of the students that responded to the following statement (60 per cent): "I am unsuccessful because I have had bad luck in being able to learn", indicated that this was not a reason for a little over one-half of the respondents in the program. Only six respondents in the entire program responded that it was a very important reason for their lack of success (3 per cent). Overall, 22 per cent were influenced by this attribute to some degree. Bad luck ranked third as an explanation for the students lack of success in learning classroom material which was the same for Davidhizar.

Examination of the individual courses showed that bad luck was used the most in the course Medical-Surgical Nursing III and least in the course Medical-Surgical Nursing II as an explanation of failure for theory.

There seemed to be little difference between the

levels for this attribute. For complete data on this attribute see Table 16. No significant differences were found with the Davidhizar report.

Low Ability. The respondents rated the importance of low ability as an explanation for failure as fourth and last. Overall, only 60 per cent reacted to, "I am unsuccessful because I do not have the ability when it comes to learning various theories." The majority of students, two-thirds, indicated that this was not a reason for them. There were again six students that responded that this was extremely important for them (3 per cent). Overall, 19 per cent were influenced by this attribute to some degree.

Examination of the courses showed that Nursing I used this attribute the most to explain failure and the course Principles of Nursing Leadership used this the least.

The trend in the program seemed to show a significant difference between the first and second levels and only a slight increase in the third level when compared to the second. See Table 17 for complete data on low ability in theory mastery.

Overall Perceptions of Success and Failure in the Classroom. Overall, the respondents reported feeling successful in mastering theory from the classroom. The longitudinal revealed more sensed feelings of being unsuccessful in all the courses except for Principles of Nursing Leadership, in mastering theory. The students felt the most

TABLE 16. OVERALL PERCEPTIONS OF LACK OF SUCCESS IN MASTERING THEORY FROM CLASSROOM INSTRUCTION
- RELATING TO PERCEIVED IMPORTANCE OF BAD LUCK (External/Unstable after Davidhizer/Weiner)

Sc/Pts	1	2	3	4	5	6	7	8	9	NR	Tot																							
Course	f	%	f	%	f	%	f	%	f	%	f	%																						
LEVEL 1																																		
Nurs. I	17	31	3	6	3	6	--	--	2	3	1	2	--	--	--	--	--	28	52	26	48													
LEVEL 2																																		
MedS II	27	50	6	11	--	--	1	2	1	2	2	4	--	--	--	--	--	17	31	37	69													
DvdSt	8	28	7	26	5	19	1	4	1	4	--	--	--	--	--	--	--	5	19	22	81													
Matr.	19	35	6	11	--	--	2	4	2	4	1	2	--	--	--	--	--	24	44	30	56													
DvdSt	9	65	1	7	--	--	--	--	1	7	2	14	--	--	--	--	--	1	7	13	93													
N/Chld	18	33	10	18	1	2	--	--	2	4	1	2	--	--	--	--	--	22	41	32	59													
DvdSt	11	69	3	19	1	6	--	--	--	--	--	--	--	--	--	--	--	1	6	15	94													
TotLv2	64	40	22	14	1	1	3	2	5	3	4	2	--	--	--	--	--	63	39	99	61													
DvdSt	28	48	11	19	6	11	1	2	2	4	2	4	--	--	--	--	--	7	12	50	88													
LEVEL 3																																		
MedS III	2	13	4	27	2	13	--	--	1	7	--	--	--	--	--	--	--	6	40	9	60													
DvdSt	** Data not available																																	
Prin.	9	48	1	5	--	--	--	--	--	--	--	--	--	--	1	5	--	8	42	11	58													
DvdSt	8	50	2	13	4	25	--	--	1	6	1	6	--	--	--	--	--	--	--	16	100													
Psych.	8	54	2	13	2	13	--	--	1	7	--	--	--	--	--	--	--	2	13	13	87													
DvdSt	7	43	4	25	2	13	--	--	1	6	--	--	--	--	--	--	--	2	13	14	87													
TotLv3	19	39	7	14	4	8	--	--	2	4	--	--	--	--	1	2	--	16	33	33	67													
DvdSt	15	47	6	19	6	19	--	--	2	6	1	3	--	--	--	--	--	2	6	30	94													
GR TOT													100	38	32	12	8	3	3	1	9	3	5	2	--	--	1	1	--	--	107	40	158	60
DvdSt													60	42	20	14	15	10	1	1	6	4	4	3	--	--	--	--	--	--	37	26	106	74

TABLE 17. OVERALL PERCEPTIONS OF LACK OF SUCCESS IN MASTERING THEORY FROM CLASSROOM INSTRUCTION
- RELATING TO PERCEIVED IMPORTANCE OF LOW ABILITY (Internal/Stable after Davidhizer/Weiner)

Sc/Pts		1		2		3		4		5		6		7		8		9		NR		Tot	
Course		f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
=====																							
LEVEL 1																							
Nurs. I	15	28		3	5	2	3	2	4	1	2	2	4	1	2	--	--	--	--	28	52	26	48
=====																							
LEVEL 2																							
MedS II	27	50		7	13	1	2	--	--	--	--	--	--	1	2	--	--	1	2	17	31	37	69
DvdSt	14	52		7	26	--	--	1	4	--	--	1	4	--	--	--	--	--	--	4	14	23	86
Matr.	21	39		6	11	1	2	1	2	1	2	--	--	--	--	--	--	--	--	24	44	30	56
DvdSt	9	65		1	7	1	7	--	--	--	--	1	7	--	--	1	7	--	--	1	7	13	93
N/Chld	22	41		5	9	1	1	2	4	2	4	--	--	--	--	--	--	--	--	22	41	32	59
DvdSt	9	57		4	25	1	6	--	--	1	6	--	--	--	--	--	--	--	--	1	6	15	94
=====																							
TotLv2	70	42		18	11	3	2	3	2	3	2	--	--	1	1	--	--	1	1	63	39	99	61
DvdSt	32	54		12	21	2	4	1	2	1	2	2	4	--	--	1	2	--	--	6	11	51	89
=====																							
LEVEL 3																							
MedS III	5	33		2	13	1	7	1	7	--	--	--	--	--	--	--	--	--	--	6	40	9	60
DvdSt	** Data not available																						
Prin.	10	53		--	--	--	--	--	--	1	5	--	--	--	--	--	--	--	--	8	42	11	58
DvdSt	8	49		2	13	1	6	2	13	2	13	--	--	1	6	--	--	--	--	--	--	16	100
Psych.	9	60		1	7	2	13	--	--	--	--	1	7	--	--	--	--	--	--	2	13	13	87
DvdSt	7	43		4	25	2	13	--	--	1	6	--	--	--	--	--	--	--	--	2	13	14	87
=====																							
TotLv3	24	49		3	6	3	6	1	2	1	2	1	2	--	--	--	--	--	--	16	33	33	67
DvdSt	15	48		6	19	3	9	2	6	3	9	--	--	1	3	--	--	--	--	2	6	30	94

77GR TOT	109	41		24	9	8	3	6	2	5	2	3	1	2	1	--	--	1	1	107	40	158	60
DvdSt	62	44		21	15	7	5	5	3	5	3	4	3	2	1	1	1	--	--	36	25	107	75
=====																							

successful in Principles of Nursing Leadership (100 per cent) and least successful in Medical-Surgical Nursing II (75 per cent). Considering the scale points, Nursing I had the highest number of students using 9, therefore, this could also be viewed as the most successful.

Interestingly, the students' overall feelings of success dropped slightly with each level according to the weighted means. The longitudinal showed more of a variance within the levels, suggesting therefore, that time might have made a difference with the students' perceptions.

Davidhizar's study showed a difference in perceptions for two courses. The students in Medical-Surgical Nursing II sensed more success in the classrooms in the cross-sectional. This may be due to the fewer numbers. Yet Psychiatric and Mental Health Nursing students perceived to be more successful in the longitudinal. Not only did the students sense more success, but also there was more of a variance within the course (See Table 18).

In summary, some of the most frequently used internal attributions that the students gave that influenced their success in the classroom were: 1) desire to learn, 2) studying, 3) an interest in the material. External attributions were: 1) Instructors, 2) teaching techniques, 3) interesting material to study, 4) clinical experiences related to class content, 5) study habits.

On the other hand, a summary of some of the most fre-

TABLE 18. OVERALL PERCEPTIONS OF SUCCESS IN MASTERING THEORY FROM CLASSROOM INSTRUCTION

Sc/Pts	1		2		3		4		5		6		7		8		9		NR		Tot	
Course	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
=====																						
LEVEL 1																						
Nurs. I	1	2	2	4	--	--	--	--	--	--	5	9	14	26	18	33	11	20	3	6	51	94
=====																						
LEVEL 2																						
MedS II	1	2	--	--	2	4	2	4	2	4	6	11	21	39	10	18	4	7	6	11	48	89
DvdSt	--	--	--	--	--	--	--	--	1	4	3	11	10	37	12	44	--	--	1	4	26	96
Matr.	--	--	2	4	--	--	--	--	2	4	6	11	17	31	20	37	5	9	2	4	52	96
DvdSt	--	--	--	--	--	--	--	--	2	14	1	7	5	36	5	36	1	7	--	--	14	100
N/Chld	1	2	--	--	1	2	1	2	1	2	4	7	19	35	18	33	6	11	3	6	51	94
DvdSt	--	--	1	6	--	--	--	--	1	6	1	6	8	51	5	31	--	--	--	--	16	100
=====																						
TotLv2	2	1	2	1	3	2	3	2	5	3	16	10	57	35	48	30	15	9	11	7	151	93
DvdSt	--	--	1	2	--	--	--	--	4	7	5	9	23	40	22	38	1	2	1	2	56	98
=====																						
LEVEL 3																						
MedS III	--	--	--	--	--	--	2	13	1	7	2	13	7	47	2	13	1	7	--	--	15	100
DvdSt	** Data not available																					
Prin.	--	--	--	--	--	--	--	--	--	--	6	32	5	26	6	32	2	10	--	--	19	100
DvdSt	--	--	--	--	1	6	--	--	2	13	2	13	4	25	5	30	2	13	--	--	16	100
Psych.	2	13	1	7	--	--	--	--	--	--	2	13	4	27	5	33	1	7	--	--	15	100
DvdSt	--	--	--	--	1	6	--	--	1	6	2	13	10	62	2	13	--	--	--	--	16	100
=====																						
TotLv3	2	4	1	2	--	--	2	4	1	2	10	20	16	33	13	27	4	8	--	--	49	100
DvdSt	--	--	--	--	2	6	--	--	3	9	4	13	14	44	7	22	2	6	--	--	32	100
=====																						
GR TOT	5	2	5	2	3	1	5	2	6	2	31	12	87	33	79	30	30	11	14	5	251	95
DvdSt	1	1	3	2	2	1	--	--	7	5	14	10	51	35	47	33	14	10	4	3	139	97
=====																						

quently used internal attributions for lack of success were: 1) feeling "burned out", 2) not studying enough, 3) decreased motivations. External attributions were: 1) Difficult material, 2) instructor, 3) not enough time to learn, 4) boring material. In all of the courses, the instructor was the number one reason for success in mastering theory in the classroom. The cross-sectional found that the instructor's importance decreased in the third level for two courses. It appeared that the instructor had less of an influence on a student's lack of success in mastering theory which seemed to be more important in the cross-sectional.

taken and conducted longitudinally using a tool that was developed by her. The tool was administered by the author during the last week of student rotations. The courses that were studied included Nursing I, Medical-Surgical Nursing II, Maternity Nursing, Nursing of Children, Medical-Surgical Nursing III, Principles of Nursing Leadership, and Psychiatric and Mental Health Nursing.

FINDINGS

The findings, based on the data collected, the analysis made revealed the following:

SUMMARY OF THE FINDINGS ON SUCCESS IN PROVIDING NURSING CARE

Effort was the number one reason, an internal attribute, for success in providing nursing care. Effort was a constant, stable factor that did not change over time (74 per cent). Effort was the least important as an explanation for success in the course Psychiatric and Mental Health Nursing for providing nursing care and the most important for Medical-Surgical Nursing II.

Ability was the second most frequently cited explanation for success in nursing care (96 per cent). The longitudinal effect showed an increase in importance from level to level. The one exception was for the course Medical-Surgical Nursing III. It was found that no matter what level of student the instructor had, a decreased perceived ability and fear occurred with new experiences.

Task ease was cited the third most frequently used

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This final chapter is presented in three sections: The first section presents a summary of the problem and the procedures used. The second section recaptures the findings of the research itself. The third and final section presents certain conclusions which were drawn from the findings and offers further recommendations for study.

SUMMARY

The Problem. It was the purpose of this study to evaluate change of students' perceptions of success and failure as they advanced through a northern Indiana hospital diploma program.

The study specifically attempted to identify which causal attributes of Weiner's were explanations of success or failure. What explains success? Was it effort, ability, task ease or luck. For failure, was it low effort and ability, bad luck or task difficulty?

In addition, the students were asked to list reasons why they felt successful in giving nursing care and mastering theory content as well as why they sometimes felt unsuccessful.

Design of the Study. A replication of the Davidhizar study of student perceptions of success and failure was

explanation for success in providing nursing care (41 per cent). The longitudinal trend was that it increased over time as a reason. There might have been some confusion with this question on what is considered to be easy and on interpretation of the scale. The other point is that task ease or difficulty cannot be analyzed solely as a stable factor, when applying Weiner's theory. Task ease was the most important explanation for Maternity Nursing and the least important for Nursing I.

Luck was ranked last as an attribute (23 per cent), to explain success in the clinical area. Luck appeared to be more important as the student advanced in the program. This seemed to be true because of availability of experiences to apply knowledge. Luck was the most important explanation in the course Medical-Surgical Nursing II and least in the course Nursing I.

Overall success in nursing care was related to internal reasons, i.e., effort and ability, implying therefore, that the majority of students gained much satisfaction and were proud of their work (Bar-Tal, 1978).

In the open-ended response section, four of seven courses attributed to their success to the importance of the instructor. Knowledge and empathy were also important. Interestingly, a student can pass a course and still feel unsuccessful. We need to be aware of patterns that can develop. Students felt the most successful in Principles of Nursing Leadership and

the least successful in Nursing of Children.

SUMMARY OF THE FINDINGS FOR LACK OF SUCCESS IN PROVIDING NURSING CARE

Task difficulty was found to be the number one reason for lack of success in providing nursing care (33 per cent). This was most important as an explanation for failure in Nursing I and least for the course, Maternity Nursing. Task difficulty became less of a reason as the student progressed.

Low effort ranked second as the most frequently used explanation for lack of success in providing nursing care (17 per cent). The courses that this was most true for were Medical-Surgical nursing II in Level II and Psychiatric and Mental Health Nursing in Level III.

Bad luck was ranked third as an explanation for failure in nursing care (16 per cent). Bad luck seemed to be less important over time when compared to the cross-sectional. Bad luck was most often used as an explanation in Nursing of Children and least in Psychiatric and Mental Health Nursing. Bad luck remained the same as the student advanced.

Low ability was perceived to be the last reason for lack of success when providing nursing care. It was used most often as an explanation in Nursing I and the least in Principles of Nursing Leadership.

The students responded a little less than one-half

(38 per cent) to the questions on lack of success. This would seem to indicate that the reasons may be more individualized and different from what Weiner suggested. Therefore, the open-ended response section can be viewed more valuable for discovering reasons why a student does not feel successful.

SUMMARY OF THE FINDINGS FOR SUCCESS IN MASTERING THEORY

Effort was the number one reason for success in mastering theory (97 per cent). The course that used the attribute the most was Medical-Surgical Nursing III and least important as a reason for Psychiatric and Mental Health Nursing. Again, success can be attributed to an internal locus of control.

Ability was second most commonly used for the explanation for success in mastering theory. Ability was most important to Medical-Surgical Nursing III and least important as a reason for success in theory for Psychiatric and Mental Health Nursing. Ability increased in importance as a reason for success.

Luck ranked third as a reason. Again, the course that used this the most was Principles of Nursing Leadership. Luck increased in importance as the students advanced in the program.

Task ease was the last reason for success in theory.

The course Maternity Nursing used this the most to explain their success and the course Medical-Surgical Nursing II used it the least. No significant change occurred with task ease with time.

The open-ended responses section indicate that the instructor in all of the courses was the number one reason for their success in the classroom. This might be explained by the fact the students are taking a passive role in their learning because much of the material is taught through straight lecture. Therefore, the students are depending upon the instructor to give them all the information needed to pass the course.

SUMMARY OF THE FINDINGS FOR LACK OF SUCCESS IN MASTERING THEORY

Task difficulty was cited most as the explanation for failure in mastering theory. Therefore, failure can be blamed on external reasons. Task difficulty was cited the most in Psychiatric and Mental Health Nursing. No change occurred with this attribute over time.

Low effort was the second most common explanation of failure in theory. This was the most true for Psychiatric and Mental Health Nursing and the least true for Nursing I. This attribute showed increased importance as a reason for lack of success as the students progressed.

Bad luck was third. This attribute was used the most

in Medical-Surgical Nursing III and the least in Medical-Surgical Nursing II. Bad luck remained stable throughout the program.

Low ability was last as an explanation of failure. Nursing I used low ability as the most common explanation for failure and Principles of Nursing Leadership the least. This attribute showed a decrease in its importance over time.

Again, since a little less than one-half (39 per cent) responded, it would be wise to further investigate the open-ended response section for reasons for lack of success.

Overall the majority of students felt successful in learning classroom material. The trend showed a decrease in the degree of success after Nursing I. The students seemed to feel the most successful in Nursing I and the least successful in Psychiatric and Mental Health Nursing and Medical-Surgical Nursing II. Generally, the students felt more successful providing nursing care (88 per cent) than they did mastering theory (86 per cent). Overall, success seemed to be related to both internal and external reasons, the students efforts and the instructor.

CONCLUSIONS

In conclusion, the results indicated that overall the students generally reported feeling successful in pro-

viding nursing care and mastering theory.

When testing Weiner's four causal attributes, it was found that task ease and task difficulty also be viewed as an unstable dimension. Weiner's theory was validated by the fact that success was related to internal reasons and that the leading explanation for failure was external. This study also found that the students generally responded more to the successful attributes as reasons for success than they did to the unsuccessful attributes as explanations for failure. In the future, the comments from the open-ended response section should be viewed more critically especially for lack of success.

For this group, effort remained consistent throughout the program. Low effort showed an increased importance longitudinally as being a reason for failure. Therefore, indicating that lack of success can become more internal with time.

The instructor's importance was emphasized again as being a leading explanation of success for both the clinical area and the classroom. This reflects that success is not only related to internal reasons such as ability and effort but equally important to an external reason being the instructor.

RECOMMENDATIONS

The following recommendations are made for those that would like to replicate this study:

- 1) Subjects should be assessed using tighter constraints. For example: Students should be studied as to the sequence of the courses to see if this makes a difference.
- 2) The scale should be changed to a (1-5).
- 3) The questions should be revised so that double negatives do not exist (Gronlund, p. 168).
- 4) A comparison with other types of nursing programs would be interesting.
- 5) Subjects who perceived themselves unsuccessful and still passed the course should be further investigated.
- 6) The open-ended response section should be analyzed more closely for reasons of lack of success.
- 7) An examination for differences should be made between the subjects that passed and those that failed.
- 8) Subjects that dropped out should be assessed to see if they perceived their failure.

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MEMORIAL HOSPITAL OF SOUTH BEND SCHOOL OF NURSING

CURRICULUM PLAN

LEVEL I

TERM 1 - 16 WK.	V	TERM 2 - 16 WK.	V	TERM 1 - 10 WK.	V
* Anatomy & Physiology....4 cr. * Chemistry.....4 cr. * Psychology.....3 cr. * English.....3 cr. * History of Nursing.....1 cr. Nursing I.....theo. 60 lab. 60 hr.		* Anatomy & Physiology * Microbiology..... * Growth & Development * Pharmacology..... Nursing II.....		4 cr. 4 cr. 3 cr. 3 cr. theo. 90 lab. 90 hr.	
				Medical-Surgical Nsg. I -theo. 80 lab. 120 hr. * Nutrition.....2 cr.	

* LEVEL II

LEVEL II

TERM 2 - 9 WK.	TERM 3 - 9 WK.	V	TERM 4 - 9 WK.	V	TERM 5 - 9 WK.	V	TERM 1 - 9 WK.	V
Medical-Surgical Nsg. II -theo. 162 lab. 324 hr.			Maternity Nsg.		Nursing of Children		Med-Surg. Nsg. III -theo. 72 lab. 198 hr.	
Maternity Nsg. -theo. 81 lab. 162 hr.	Nursing of Children -theo. 81 lab. 162 hr.		Nursing of Children		Maternity Nsg.		Psychiatric & Mental Health Nsg. -theo. 72 lab. 198 hr.	
Nursing of Children	Maternity Nsg.		Medical- -theo. 162		Surgical Nsg. II lab. 324 hr.		Principles of Nsg. Leadership -theo. 54 lab. 216 hr.	

LEVEL III

* Sociology

* Speech

* Professional Relations
and Trends

LEVEL III

TERM 2 - 9 WK.	V	TERM 3 - 9 WK.
Principles of Nsg. Leadership		Psychiatric & Mental Health Nsg.
Med-Surg. Nsg. III		Principles of Nsg. Leadership
Psychiatric & Mental Health Nsg.		Med-Surg. Nsg. III

(The sequence of courses within Levels II and III
will be determined by faculty assignment.)

V = Vacation

* College Credit - Bethel College

* Previously a Level I course when the study was done

CP1

APPENDIX A

Comments received from Nursing I students from an open-ended response section regarding their perceptions of success and lack of success in giving their nursing care and mastery of the theory.

Appendix A-1: Comments received from Nursing I students in response to the request "Please list factors that you think influenced your success in giving nursing care in your present clinical rotation. Rank these according to priority with #1 being the most important."

Knowledge of nursing care. (01)

Confidence in myself. (01)

Feel at ease with the patient. (01)

Cooperative patient. (01)

Desire to do good care. (02)

Desire to learn. (02)

Caring about people. (02)

Good assessment. (02)

Being prepared - knowing what I'm about. (03)

Seeing results from care given. (03)

Familiarity with patient's condition - previous experience. (03)

Co-workers. (03)

Instructors. (03)

Very comfortable clinical atmosphere. (04)

Good sleep. (04)

Good breakfast. (04)

My age. (04)

My desire to help others by use of nursing knowledge. (04)

Instructor - (extremely helpful). (05)

Mastery lab experience. (05)

Good patient. (06)

Good instructor. (06)

Worked in hospital before. (06)

Knowledge from class. (06)

Mastery labs. (07)
The way we were instructed. (07)
Knowing the instructor was there if I needed her. (07)
Previous experience. (07)
Not being treated as though I can't follow simple instructions. (07)
Understanding instructors. (08)
Cooperative patients. (08)
Getting my work done on time. (08)
Being punctual. (08)
Completing all assignments. (08)
Good preassessment (knowing the diagnosis). (09)
Good attitude. (09)
Eager to learn. (09)
Good clinical instructor. (09)
Theory. (10)
Clinical instructor. (10)
Patient. (10)
Confidence. (10)
Fellow students. (10)
Honesty. (11)
Integrity. (11)
Willingness to give of self. (11)
Cooperation from friends. (11)
Patients who need my help. (11)
Liking people in general. (12)
Great clinical instructor. (12)
Cooperative patients. (12)
Wanting to do as much as possible. (12)
Feedback from patient. (12)
Able to communicate with patient. (13)

Able to ask instructor questions. (13)
Good team leader. (13)
Understand patient's illness. (13)
Being able to get knowledge from others if needed. (14)
Knowledge acquired so far - how much I have retained. (14)
The amount of information taught. (14)
The help of the patient. (14)
Staff and students on floor. (14)
Use of nursing rationale. (15)
Ability to get along with patients. (15)
Instructor. (15)
The unit. (15)
Support of classmates. (15)
Theoretical knowledge. (16)
Good assessment collection. (16)
Good rapport between the patient and student nurse. (16)
Good rapport between the student nurse and instructor. (16)
Direct application after theory. (16)
The way taught information is presented by instructor. (17)
Experience doing things. (17)
Miss Casto was an excellent instructor. (18)
I wanted to do good. (18)
Patient was cooperative. (18)
Doctor was helpful. (18)
Good instructor. (19)
Communication with patient. (19)
Resources available for information. (19)
Lab practices (mastery). (19)
Preparation ahead of time (looking up diagnosis). (19)
Confidence. (20)

Instructor's attitude. (20)
Age. (20)
Previous experience. (20)
Breakfast. (20)
Past nursing experience. (21)
Excellent clinical instructor. (21)
Cooperative patient. (21)
Treat patient as I want to be treated. (21)
Good preassessment. (21)
Being prepared for care. (22)
Knowing if I have any problems my instructor was there. (22)
Knowing my patient needs my care. (22)
Being happy with what I'm doing. (22)
Honesty. (23)
Personal (self) confidence. (23)
I enjoy being with the patients. (24)
The help of the instructors. (24)
The patient being friendly. (24)
The staff being helpful. (24)
The doctors are nice. (24)
Knowledge of information, theory. (25)
Good nights sleep. (25)
Support from other students and instructors. (25)
Self-confidence. (25)
Ability to relax in different situations. (25)
Had experience in a hospital setting in the past. (26)
Good instructor. (26)
Had good attitude for helping patient. (26)
Motivation. (26)

Previous experience in a nursing home. (27)
The instructor on clinical. (27)
The education in theory. (27)
Good nights sleep. (28)
Good patient. (28)
No heavy burdened worries. (28)
Good breakfast. (28)
Good team leader. (28)
Clinical instruction. (29)
Patient. (29)
Team leader. (29)
Assessment. (29)
Ability and love for people. (29)
Patient, knowledgeable instructor. (30)
Nice patients - make me feel more comfortable. (30)
Help and encouragement from fellow students. (30)
Education theory. (30)
Clinical instructor. (31)
Understanding what's expected of me. (31)
Knowing procedures. (31)
Good support systems. (31)
Desire to be a successful R.N. (31)
Having an excellent instructor. (32)
My sincere desire to do my best. (32)
Positive attitude about nursing. (33)
Good clinical instructor. (33)
Nice patients. (33)
Good classroom instruction. (33)
Helpful health care teams on floor. (33)

Adequate learning for the area. (34)
Good instructors. (34)
Interested in the field. (34)
Helpful people. (34)
Eating good breakfast. (34)
Confidence in my own abilities. (35)
Having a great instructor on the floor. (35)
Having good instruction in classroom. (35)
Good patients for the most part. (35)
Enough sleep. (35)
How the instructor reacts to what I'm doing. (36)
Having a helpful team leader. (36)
How the patient reacts to what I'm doing. (36)
How tired I am and everyone else is. (36)
How hard I try to do well. (36)
Instructor. (37)
Attitude - positive. (37)
Determination to get through school. (37)
Empathy for patient. (37)
Sleep - enough of it. (37)
Good nursing instructor. (38)
Basic knowledge to back up care. (38)
Past experience in hospital. (38)
Cooperative patients. (38)
The feeling of "wanting to give care. (38)
Ability to relate to patients. (39)
Interpretation of data - diagnosis, etc. (39)
Enthusiasm for work. (39)
Ability to perform necessary tasks. (39)

Wanting to learn more. (39)
Good instructor. (40)
Cooperative patient. (40)
Friendly staff on floor. (40)
Good communication with instructor. (41)
Willingness to do things right. (41)
Care for people. (41)
Asking questions. (41)
Relating with patient. (41)
Being confident and knowledgeable. (42)
Encouragement. (42)
Patient. (42)
Instructor. (43)
Patients easy to get along with. (43)
Team leader. (43)
Education. (43)
Enthusiasm. (43)
General concern for well being of the patient. (44)
Wanted to be in the clinical area. (44)
Good relationships with instructor. (44)
Knowing what to do and when to do it. (44)
Good sleep and good breakfast before coming to school. (44)
Personal self-confidence. (45)
Supportive and encouraging instructor. (45)
Supportive and helpful floor personnel. (45)
Organizational and complete presentation of material in class. (45)
Patient who verbalizes needs and inabilities, and accepts nursing care when offered. (45)
Instructor. (46)

Feeling comfortable with patient. (47)
Feeling at ease in clinical area. (47)
Being able to converse with patient. (47)
Instructors present, or someone to ask questions. (48)
Cooperative patient. (48)
Being relaxed with patients. (48)
Having a good patient. (49)
Knowledge of the care to be given. (49)
Having a good team leader. (49)
Having a cooperative patient. (50)
Being encouraged. (50)
Good instructor. (50)
Helpful nurses. (50)
Good grounding in theories. (51)
Team leader. (51)
Try hard. (51)
Enjoy working with people in hospital setting. (51)
Education. (52)
Enthusiasm. (52)
Encouragement from instructor. (52)
Help and cooperation with health team members. (52)
Meet patient needs. (53)
Answer patient questions. (53)
Leave patient feeling satisfied. (53)
Patient has no complaints. (53)
If I have any questions instructor willingly answers. (53)
Enjoying what I'm doing. (54)
Having a good instructor. (54)

Appendix A-2: Comments received from Nursing I students to the request "In your present rotation, list factors that influence your lack of success in nursing care given in your present clinical rotation. Rank these in terms of priority with #1 being the most important."

- Lack of Knowledge. (01)
- Lack of confidence. (01)
- Lack of ease (feeling comfortable) with the patient. (01)
- Lack of cooperation on the part of the patient. (01)
- Lack of preparation. (03)
- Ineffectiveness of techniques tried. (03)
- Uncooperative patient. (03)
- Not knowing how. (06)
- Too difficult. (06)
- Having to stand around waiting for someone to talk to all of us irritates me. (07)
- The mood I'm in. (07)
- The mood the instructor's in. (07)
- If I have another student in the room who THINKS she knows it all and doesn't. (07)
- Sometimes I'm unorganized. (08)
- Sometimes I try too hard. (08)
- Anxiety (nervousness). (09)
- Fear of messing up. (09)
- Inability to communicate with patient. (11)
- Defensive instructors or team leaders. (11)
- Personal problems interfere with my attitude. (12)
- Uncooperative patient. (12)
- Instructor giving me problems. (12)
- Unable to do as much as I'd like to do. (12)
- Not being at peace with myself. (12)
- Patient who is unable to communicate. (13)

Unhelpful team member. (13)
Nonunderstanding of some procedures. (13)
I feel restricted because of limited knowledge and I am afraid
to venture too deep into conversation. (14)
Being too confident. (15)
Overlooking details. (15)
Little communication with instructor on what specific tasks are
to be completed. (16)
Irregular event - novel event in clinical situation. (16)
Not enough time. (16)
Extra (practice) application of procedure needed. (16)
Patient willingness - health. (16)
Lack of preparation. (18)
Being afraid of new situations. (18)
Patient is hard to deal with. (18)
It isn't my day. (18)
Lack of communication with a patient. (19)
Feeling of uneasiness when asking questions to a nurse. (19)
Lack of confidence. (19)
No confidence. (20)
Lack of experience. (20)
Not knowing exactly how to deal with certain patients. (20)
Not knowing where things are on floor. (20)
Feeling useless on floor. (20)
Not being prepared. (28)
Not knowing enough. (28)
Worries. (28)
Uncomfortable. (29)
Lack of self-confidence. (29)
Anger, or hostile patients. (30)

Only being able to do so much for patient (inexperience). (31)
Anxiety or nervousness about what I'm doing. (32)
Unfamiliarity with the task. (32)
Not understanding what is to be done. (34)
How well I can do the task. (36)
My frame of mind and mood. (36)
If the instructor and team leader aren't patient. (36)
Feeling I already knew things because of previous experience. (39)
Not asking enough questions of patient. (39)
Using wrong terms in charting. (39)
Becoming tense when doing procedures in front of instructors. (39)
Disorientated patient. (40)
Unable to remember things learned in class. (40)
Attitude of upperclassmen and employees toward Level I students. (41)
Not being able to talk openly about the patient's personal life. (42)
Anxiety. (43)
Lack of knowledge. (43)
Lack of sufficient sleep. (43)
Fear of making mistakes. (43)
Nervousness. (45)
Refusal of care by patient. (45)
Having a hard patient. (49)
Not knowing about the diagnosis. (49)
Not knowing the information needed. (50)
Feeling like I haven't helped my patient. (52)
Can't relate to patient. (53)
Was confused about instructions. (53)

Appendix A-3: Comments received from Nursing I students to the request "If you are successful in learning the theory from classroom presentations, to what do you attribute the success? List items you feel are important and rank according to priority."

- Studying every day. (01)
- Taking good notes from class to study from. (01)
- Reviewing with friends familiar to me. (01)
- Reviewing the theory often in my mind makes it more familiar to me. (01)
- Desire to learn. (02)
- To give appropriate and good care. (02)
- To understand rationales. (02)
- Understanding what something means rather than just learning the right answers. (03)
- Trying hard. (03)
- Proper amount of sleep. (03)
- Good note taking. (03)
- Comparison of understanding with fellow students - study groups. (03)
- Being relaxed. (04)
- Being open-minded. (04)
- Ability to memorize and retain. (04)
- Mastery lab. (05)
- Clinical. (05)
- Demonstrations. (06)
- Book reading.. (06)
- Lectures. (06)
- Practice (studying). (06)
- Just sitting and listening. (07)
- Frequent breaks. (07)
- A change from 1 hour to the next to a different subject. (07)
- Studying hard. (08)

Being prepared for an exam. (08)
Organized class material. (08)
Good theory instructors. (08)
Good study habits. (09)
Eagerness to learn. (09)
Material is interesting. (09)
Hard work. (10)
Dedication. (10)
Instructor. (10)
Textbook. (10)
Handouts. (10)
Concentrated understanding. (11)
Concentrated studies. (11)
Understanding concepts. (11)
Repetition of theory materials. (12)
Utilizing theory in the practical area. (12)
Wanting to learn. (12)
Enthusiastic about people. (12)
Prayer and knowing God is with me. (12)
I like nursing. (13)
New things interest me. (13)
Instructor does a good job in lecture. (13)
Try to take good notes. (13)
Finish all the required reading. (13)
Good and interesting teaching. (14)
Fully understand information when taught. (14)
Ability to memorize. (14)
Having a good nights sleep. (14)
Catching content in class period. (15)

Going over notes. (15)
Studying. (16)
Extra readings relating to matter. (16)
Attaching meaning to own life, previous theoretical knowledge. (16)
Attaching meaning to previous clinical knowledge (relating it to theory. (16)
The way material is presented by teacher. (17)
The way I take it in. (17)
If information is of interest. (17)
I study a lot. (18)
I want to learn. (18)
Teachers are good. (18)
I know I have to learn it. (18)
Pay attention in lecture. (19)
Understanding material. (19)
Studying. (19)
Applying learning in clinical area. (19)
Study. (20)
Reading book. (20)
Good notes. (20)
Instructor. (20)
Other students. (20)
Good instructors. (21)
Past experience. (21)
Studying. (21)
Interested in topics. (21)
Enjoy nursing. (21)
Ability to understand what's taught in class and relate it to clinical helps. (22)
The way it is taught makes it successful. (22)

Good lectures and demonstrations. (23)
Studying. (23)
A natural instinct of understanding nursing. (23)
Good teaching in class. (24)
Studying the notes. (24)
The help of the instructors. (24)
Quizzing each other while studying. (24)
Reading the handouts and text. (24)
Grasping concepts not memorizing. (25)
Attendance of class. (25)
Seeking out answers to questions. (25)
Doing all assignments. (25)
A lot of studying. (26)
The way it is presented 1st. (26)
How understanding the book is. (26)
The order of my notes. (26)
Good instructors. (27)
Previous experience. (27)
Help from fellow students. (27)
Studying. (28)
Motivation to learn. (28)
Good grades. (28)
Hard work. (29)
Excellent teachers. (29)
Mastery labs. (29)
Ratio teacher to student. (29)
Studying hard. (30)
Detailed explanations from instructors. (30)
Wanting to succeed. (31)

Proper teaching.. (31)
Studying. (31)
Setting priorities. (31)
Good study habits. (32)
Good short and long-term memory. (32)
Excellent instructor. (32)
Interesting and challenging material. (32)
The mastery labs. (34)
Clinical. (34)
Instructor's demonstration. (34)
My past schooling. (35)
Ability to interpret information and make connections. (35)
Strong outline from instructors. (35)
Good instruction. (35)
Desire to learn the material. (35)
How the teacher presents the material. (36)
How interesting the content is. (36)
Determination to learn. (37)
Ability. (37)
Presentation of material. (37)
Sleep. (37)
Lack of stress. (37)
Repetition from instructors. (38)
Instructors are well organized. (38)
Willingness to learn. (38)
Ability to relate it to clinical experience. (38)
Outside - personal reasons. (38)
Listening. (39)
Taking good notes. (39)

Understanding material. (39)
Asking questions when necessary. (39)
Studying and reading text. (39)
Studying. (40)
Taking notes. (40)
School background. (41)
Study. (41)
Eager to learn. (41)
Studying very much. (42)
Being knowledgeable. (42)
Textbook. (43)
Instructors lectures. (43)
Outline of the chapter. (43)
Topics are interesting. (43)
Coming prepared to class. (44)
Motivation to be successful nursing student. (44)
Hard study. (44)
Not cramming for tests. (44)
Doing extra reading from outside source books. (44)
Studying. (45)
Good instructor presentation. (45)
Understanding of material vs. rote memorization. (45)
Good notes. (45)
Desire to learn. (45)
Hard studying. (46)
Instruction. (46)
Reinforcement of theory in clinical setting. (46)
The way the material is presented in class. (47)
Studying hard. (47)

Reading handouts and book. (47)
Many hours of studying. (48)
Interest in the subject being taught. (48)
A relaxing environment in the classroom. (48)
Instructors. (48)
Determination. (49)
Discipline (setting priorities). (49)
Study. (50)
Be in class. (50)
Take notes. (50)
Doing assignments. (50)
Reading. (50)
Good teachers. (51)
I enjoy learning. (51)
Classmates help in studying. (51)
Listening to lectures. (52)
Taking notes. (52)
Reading material. (52)
Study a lot. (53)
Ask questions. (53)
Work out problems (practice). (53)
Read text. (53)
Ask friends. (53)
Studying. (54)
Going over things in theory first, then to keep repeating in
the clinical area. (54)

Appendix A-4: Comments received from Nursing I students to the request "If you are sometimes unsuccessful in learning theory from classroom presentations in your present clinical rotation, fill out this page. List items you feel are important in contributing to your lack of success and rank according to priority.

- Class material presented too fast. (05)
- Not understanding. (06)
- Not enough explanation. (06)
- Not enough time. (06)
- Procrastinating. (08)
- Misunderstanding of material. (09)
- Too much material in short time. (11)
- Lack of understanding. (11)
- Don't study. (12)
- Don't understand. (12)
- Wasn't made clear. (12)
- Problems personally. (12)
- Poor notes. (13)
- Instructor does not make idea easy to understand. (13)
- Failure to complete readings. (13)
- Information being taught was disorganized. (14)
- Information being taught was not very concrete. (14)
- Information being taught was uninteresting. (14)
- Poor memorization ability. (15)
- No material to build from - on schema. (16)
- No application directly related. (16)
- Ideas are too theoretical without pictorial presentation. (16)
- Initial memorization is hairy trip. (16)
- Not enough. (16)
- The order in which it is presented. (17)
- I didn't study enough. (18)

Material was presented bad. (18)
Material is harder than usual. (18)
Lack of study-time. (19)
Don't feel like studying. (28)
Too tired. (28)
Other things on my mind. (28)
Hard to see and hear explanations, especially demos in the back of the room. (30)
Too big of a group to interact and ask questions. (30)
Not being explained good enough. (34)
Having trouble understanding. (34)
If the instructor skips around too much. (36)
If it's boring. (36)
Not paying attention. (39)
Not getting enough rest. (39)
Poor notes. (39)
Not studying. (39)
Missing class. (39)
Not studying enough. (40)
Studying at the last minute. (40)
Staying up too late studying. (40)
Lack of time. (41)
Heavy work load. (41)
Sometimes giving up. (41)
Unclear understanding of topic. (43)
Unable to keep up with note taking (sometimes instructor talks too fast to keep up). (43)
Material not presented well. (47)
Lack of studying. (47)
Problems understanding. (49)

Not enough studying. (53)

Didn't ask questions. (53)

Didn't read. (53)

APPENDIX BI

Comments received from Medical-Surgical Nursing II students from open-ended response section regarding their perceptions of success and lack of success in giving their nursing care and mastering the theory.

Appendix BI-I: Comments received in response from Medical-Surgical Nursing II students to the request "Please list factors that you think influence your success in giving nursing care in your present clinical rotation. Rank these according to priority with #1 being the most important."

- Experience. (01)
- Knowledge. (01)
- Common sense. (01)
- Caring about people. (02)
- Knowledge learned. (02)
- Common sense. (03)
- Compassion. (03)
- Self-esteem. (03)
- Patient's self-awareness. (03)
- Ability to work with team members. (03)
- Being prepared. (04)
- Being alert and rested. (04)
- Genuinely interested in people. (04)
- Special care for the patient (interest). (05)
- Knowledge from class. (05)
- Mood of other health team members. (05)
- Patients that are receptive. (06)
- Good knowledge about diagnosis. (06)

Able to relate to patient. (07)
Ability to assess. (07)
Able to do something to help. (07)
Feeling useful. (07)
Being allowed to work with minimal supervision and get results. (07)
I believe I can relate to patients. (08)
I am usually organized. (08)
I have little problems with new procedures. (08)
I get along with my instructors. (08)
I have a moderate level of self-esteem. (08)
Common sense. (09)
Knowledge. (09)
Patience. (09)
Understanding. (09)
Team work. (09)
If the instructor is present or not. (10)
Mood of the patient. (10)
Increased self-confidence. (11)
Increased knowledge. (11)
Love for the work. (11)
Interest in the patients. (11)
Good knowledge base for actions. (12)
Compassionate. (12)
Giving. (12)
Nonjudgmental. (12)
Humorous. (12)
Enjoy my field. (13)
Great concern for others. (13)
Try to give good care. (13)

Content already covered in class. (14)
How well instructed. (14)
Help by other people - guidance. (14)
Emotional care. (15)
Medical intervention. (15)
Extra experience with treatments. (16)
Sterile technique review. (16)
Willingness to learn. (16)
Researching patient and thorough assessment. (16)
Adequate theoretical knowledge. (16)
Education. (17)
More at ease. (17)
I want to be a good nurse. (18)
I care. (18)
I'm empathetic. (18)
Truly care about patients well being. (19)
Good training. (19)
Many experiences. (19)
Research on conditions, techniques, etc. (19)
Able to get differing opinions on patient, techniques. (19)
Age. (20)
Ease of communication. (20)
Increased knowledge. (20)
Good psychomotor skills. (20)
Self-confidence. (20)
I'm a perfectionist. (21)
I enjoy surgery. (21)
I want to be a good nurse. (21)
Don't like to see people in pain. (21)
I need to do a good job. (21)

Knowing I've helped the patient. (22)
Because of continuity of care (I'll be there tomorrow). (22)
More source of information available. (23)
Closer contact with doctors and medical students. (23)
Verified class teaching. (23)
Pride in care given. (24)
Good self-esteem. (24)
Confidence in self. (24)
Patients trust in you. (24)
Knowledge of diagnosis. (25)
Assessment. (25)
Good nights sleep. (25)
Knowledge base line. (26)
Assessment. (26)
Problem solving. (26)
Positive relationship with patient. (26)
Rest. (26)
Instructor as role model. (27)
Cooperative patients. (27)
Cooperative and patient staff. (27)
Conscientious. (28)
Caring. (28)
Try to be organized. (28)
Desire/effort. (29)
Love for nursing. (29)
Instruction. (29)
Help from RNs. (29)
Help from students. (29)
The care I give my patients. (30)

Positive feedback from patients, instructors, staff, and
peers. (30)

I care about other people - compassionate. (30)

Support groups. (30)

It's my goal - what I want to do - help others. (30)

I like nursing. (31)

I have a good understanding of nursing skills. (31)

I enjoy helping people. (31)

I have varied experiences. (31)

My strong desire to give good care. (32)

Excellent instructors. (32)

Knowledge base accumulated from this course and others. (32)

I'm very interested in my schoolwork. (32)

Desire to help people. (33)

Increased knowledge. (33)

Self-satisfaction. (33)

Pride in my accomplishments. (33)

Good staff in hospital. (33)

Low self-esteem. (34)

Desire to do well. (35)

Ability to retain learned material. (35)

Good instruction. (35)

How much I can do for them. (36)

What I can do without supervision. (36)

The patient's personality. (36)

The type of day I'm having. (36)

How difficult the patient is. (36)

Positive attitude. (37)

Knowledge. (37)

Instructors. (37)

Fellow students. (37)
Nurses/doctors on floor. (37)
Increased knowledge. (38)
Past experience. (38)
Willingness to give good care. (38)
Instructors. (38)
Class content. (38)
Understanding patient's diagnosis, etc. (39)
Caring about patient's welfare. (39)
Nervous. (40)
Increased confidence. (41)
Instructor's trust. (41)
Increased knowledgte. (41)
Caring about your patient. (42)
Integrity. (42)
Knowledge of nursing skills. (42)
Knowledge of disease condition. (42)
More knowledge. (43)
Independent study. (43)
Past experience. (43)
Adequate rest. (43)
The instructor. (43)
Patient safety. (44)
Experience with the procedure performed. (45)
Amount of time spent as a practicing nurse. (45)
Theory and rationales for cure. (45)
Support and positive reinforcement from instructor. (45)
Availability of materials needed on the floor. (45)
Increased knowledge. (46)

Increased confidence. (46)
Instructor or role model. (47)
Patients. (47)
Other health team members. (47)
Being prepared. (47)
Employees at the hospital. (48)
Instructors. (48)
Information presented prior to experience. (48)
Strive to want to do this. (48)
Preparation. (49)
Team approach. (49)
Cooperative patient. (49)
Patient attitude and need. (50)
Responsibilities. (50)
Instructor and staff. (50)
Knowledge of diagnosis. (50)
Diagnosis. (50)
The floor personnel. (51)
Knowledge. (51)
Patient. (51)
Organization. (52)
Independence. (52)
Knowledge. (52)
Experience. (52)
Caring. (52)
I care for them. (53)
I try to make them at ease. (53)
I'm knowledgeable of what I'm doing. (53)
Increased knowledge of disease condition. (54)

More comfortable with patients of all ages. (54)

Able to do more things on own - decreased anxiety - increased confidence in giving nursing care. (54)

Appendix BI-2: Comments received from Medical-Surgical Nursing II students to the request "In your present rotation, list factors that influence your lack of success in nursing care given in your present clinical rotation. Rank these in terms of priority with #1 being the most important."

- Lack of knowledge. (01)
- Lack of experience. (01)
- Poor communication with team members - either my fault or theirs. (03)
- Intimidation by staff and instructors (some of them). (03)
- Being assigned clinical patients before theory in class. (03)
- Mood of other health team members. (05)
- Lack of time to complete work. (05)
- Availability of staff. (05)
- Lack of knowledge about new procedures. (06)
- Instructor pressure. (06)
- Process form worries - have to get it done. (06)
- I am not always sure of myself. (08)
- Some days I am rather unorganized. (08)
- Some days I cannot relate to my patients. (08)
- Sometimes I forget simple A & P. (08)
- I get confused on some lab results and how they relate to my Patient. (08)
- Instructor. (10)
- If I've done the procedure before. (10)
- Lack of sleep. (10)
- Unprepared for clinical. (10)
- Lack of organization. (11)

Swaying away from principles. (12)
 Personal problems. (12)
 Conflicts with instructors. (12)
 Lack of time. (12)
 Illness. (12)
 Communication gap with patient. (13)
 Content not covered yet. (14)
 Bad experience first. (14)
 Bad guidance. (14)
 Instructors different ideas. (15)
 Nervousness. (16)
 Unexposure to experience. (16)
 Difficulty of task. (16)
 Unorganized. (18)
 Nervous with instructor. (18)
 Uncooperative patients. (18)
 Don't feel well myself. (18)
 Patient compliance. (19)
 Fatigue. (20)
 Lack of time for proper preparation. (20)
 Periods of low self-confidence. (20)
 Intimidated by instructor. (20)
 Forgot material learned. (20)
 The thing that made less successful this semester than any other
 was an overbearing sadistic instructor. (23)
 Outside influences catastrophies. (26)
 Not organized. (28)
 Tired. (28)
 Not enough time. (30)

Lack of knowledge. (30)
Nervousness. (30)
Difficult patients. (30)
Unhelpful staff. (30)
I need to organize better. (31)
Nervousness. (32)
Unfamiliarity with procedure. (32)
Fatigue. (33)
Occasional self-doubt. (33)
Lingering depression when things aren't successful. (33)
Fear of doing something wrong. (33)
Lack of time. (33)
I need a lot of supervision from instructors to give care. (36)
I have a difficult personality (patient) to deal with. (36)
I'm having a bad day. (36)
Other team members aren't very helpful. (36)
There isn't a lot I can do for them. (36)
Nervousness. (38)
Lack of knowledge on my part. (38)
Extremely bad day - not feeling well. (38)
Sometimes the instructor's pressure. (38)
Frustration due to lack of own time outside of school. (38)
Lack of time due to other obligations with course work, etc. (39)
Being ill - unable to complete assignment. (39)
Lack of knowledge. (41)
Lack of sleep. (43)
Anxiety. (43)
Lack of knowledge. (43)
Unsuccessful experiences or attempts at procedures. (45)

Negative feedback from instructor. (45)
Uncooperative patient. (45)
Too much to do and too little time. (45)
Lack of sleep. (45)
Uncooperative patient. (47)
General bad mood. (47)
Not being prepared for clinical. (47)
Noncompliance by patient. (48)
Not properly prepared. (48)
Unprepared. (49)
Uncooperative patient. (49)
Unresponsive patient. (53).

Appendix BI-3: Comments received from Medical-Surgical Nursing II students to the request "If you are successful in learning the theory from classroom presentations, to what do you attribute the success? List items you feel are important and rank according to priority."

Practice. (01)

Time I spend studying to understand theory. (02)

The actual doing of it on the floor. (02)

Good memory. (03)

Good class attendance record. (03)

Attentive listening during class time. (03)

Rested. (04)

Alert. (04)

Open minded. (04)

Interested in health/science. (04)

Read over notes every day after class. (05)

Study week before test. (05)

Taking good notes. (05)

Reading material. (05)
Related it to clinical experiences. (06)
Review of diagnosis. (06)
Understanding instructors willing to answer questions. (08)
Patient staff members willing to help. (08)
Procedure books on the floor. (08)
Old class notes. (08)
Help from fellow classmates. (08)
Common sense. (09)
Time to study. (09)
Study habits good. (09)
Push self. (09)
Confidence. (09)
Enough time to study. (10)
Amount of material covered. (10)
Interest in content. (11)
Ability to grasp concepts. (11)
Studying. (12)
Listening. (12)
Asking questions. (12)
Being tested. (12)
Pay attention in lecture. (13)
Try hard to learn. (13)
Ask questions. (13)
Audio/visual aids. (13)
How well presented. (14)
How informative book was. (14)
How close was content to actual use of it. (14)
Theory catch on after demonstrated. (15)

Medical intervention. (15)
Thorough readings - required. (16)
Additional readings. (16)
Thorough review of notes. (16)
Clinical experience correlating well with theory. (16)
Understanding of subject. (17)
Adequate study time. (17)
Study. (18)
Good instructors. (18)
Understanding. (18)
Previous background information. (18)
Use data in clinical setting. (19)
Good association memory. (19)
Study alone. (19)
Find material fascinating. (19)
Able to ask questions. (19)
Desire to do well. (20)
Intelligence. (20)
Good references. (20)
Good lectures. (20)
Solid background. (20)
I now have positive thinking. (21)
I want to learn. (21)
I've changed my study habits. (21)
I ask more questions. (21)
I care more about grades. (21)
I enjoy learning about different techniques - disease processes. (22)
This is interesting material - and I enjoy learning it. (22)
I have a good memory just from hearing them. (23)

Good textbooks. (23)
Good library reserve information. (23)
Study - study - study. (24)
Enthusiasm to do well. (24)
Motivation. (24)
Positive attitude. (24)
Attending class. (25)
Good notes. (25)
Reading prior to class. (25)
Review many times. (26)
Rest so I can study. (26)
Good delivery of information. (26)
Go articles to compliment. (26)
Interesting. (28)
Grades. (28)
Patience from instructor. (29)
Knowledge base. (29)
Able to comprehend well. (30)
Instructors input. (30)
Reading material available. (30)
Class discussion. (30)
Prepared for class. (30)
I study hard. (31)
I enjoy learning new things. (31)
I work hard and prepare ahead of time. (32)
Excellent instructors. (32)
Interesting course content. (32)
Good lecturing. (33)
Good classmates. (33)

Hours of studying. (33)
Med.-Surg. book content. (33)
Instructor's assistance. (33)
Presentation of material. (34)
My learning ability. (34)
Interest in material. (34)
Good memory. (35)
Take good notes. (35)
I'm interested. (35)
I listen and take good notes. (36)
I try not to read too much into content. (36)
I do not make theory my most important priority - I relax at home. (36)
I try to apply theory to my patients. (36)
I read the book. (36)
Studying. (37)
Class content. (37)
Paying attention. (37)
Good instruction/class. (38)
Great textbook. (38)
Listening in class. (39)
Asking questions. (39)
Taking good notes. (39)
Studying. (39)
Too tired to study. (40)
Not enough time to study. (40)
Moderate anxiety. (41)
Want to learn (interest). (41)
Instructor. (43)
Content is interesting. (43)

Outline. (43)
 Handouts. (43)
 Outside reading. (44)
 Patient I've cared for with disease process. (44)
 Studying - amount of time and quality of time. (45)
 Presentation by instructor. (45)
 Review of material. (45)
 Interest in material. (45)
 Difficulty in material. (45)
 Maturity. (46)
 Hard studying. (46)
 Good lectures. (47)
 Sufficient study time. (47)
 Reading the book. (47)
 Decreased stress. (47)
 Many hours of work. (48)
 Wanting to do this. (48)
 Studying. (49)
 Studying. (50)
 Instructor teaching. (50)
 Reading handouts. (50)
 Reading books. (50)
 Test time. (50)
 Teacher's presentation of material. (51)
 Textbook. (51)
 Help from friends. (51)
 Reading the material. (52)
 Reviewing. (52)
 Lecture. (52)

Studying in groups. (52)

Having clinical experiences that relate to class content. (52)

An interest in the material. (53)

Studying notes. (53)

Reading the book. (53)

Study more. (54)

Enjoy learning. (54)

Appendix BI-4: Comments received from Medical-Surgical Nursing II students to the request "If you are sometimes unsuccessful in learning theory from classroom presentations in your present clinical rotation, fill out this page. List items you feel are important in contributing to your lack of success and rank according to priority."

Not enough practice. (01)

Not enough understanding. (01)

Sleeping in class (or being tired enough to). (03)

Missing class. (03)

Distraction from other class members. (03)

Hard to understand book. (05)

Inadequate notes. (05)

Always new material to learn without time to absorb the old. (06)

Not enough time to study and learn theories. (06)

Clinical process forms take a lot of time away from theories. (06)

Problems at home. (07)

Increased stress. (07)

Tired. (07)

Lack of time. (07)

Death in family. (07)

Instructor. (10)

Amount of material covered. (10)

Time to study. (10)

Burn out. (11)
Difficult content. (11)
Disinterest or apathy. (11)
Not studying hard enough. (12)
Lack of understanding. (12)
Uninterested in class that day. (13)
Content not covered properly. (14)
"Bad day." (14)
Other things on mind. (14)
Too much too soon. (15)
Failure to read directions at times. (15)
Not enough time studying notes. (16)
Too much theory at one time. (16)
Lack of clinical examples to support theory. (16)
Not enough time. (17)
Don't study enough. (18)
Material (certain is unimportant). (18)
Poor teaching. (18)
Decreased study time. (19)
Many other interests. (19)
Poor study habits. (19)
If material boring. (19)
In depth material. (19)
Poorly worded questions. (20)
Lack of preparation. (20)
Decide not to study enough. (20)
Family needs. (20)
Teaching. (20)
Lack of time to study. (22)

- Too much paper work at times. (22)
- When I need to study. (22)
- Lack of time. (23)
- Tiredness. (25)
- Cramming. (25)
- Not enough time to study. (26)
- Class content be less complicated. (27)
- Allow more accessability of instructor. (27)
- Bored. (28)
- Tired. (28)
- Humiliation by instructor. (29)
- Not enough time to study properly. (30)
- Work load too heavy (with clinical forms especially. (30)
- Instructors have things on the test that weren't covered or emphasized in class. (30)
- Questions of tests are worded incorrectly. (30)
- Don't apply myself (sleep before study). (30)
- Poor memory. (33)
- Tests too hard. (33)
- Misread questions. (33)
- Tired of studying. (33)
- Family needs. (33)
- I don't put enough time into it studying. (36)
- I don't read the book. (36)
- I get burned out and tired of theory. (36)
- I'm too tired. (36)
- Too much to do at once for school (preassessing, quizzes, tests, papers). (36)
- Not ten. gh. (38)
- Extremel. om working. (38)

Don't study enough. (39)
Too tired - don't listen. (39)
Not studying enough. (40)
Procrastination. (41)
Too tired to study. (43)
Not enough time to study. (43)
Preparing for clinical. (43)
Lack of time to study (only reason). (45)
Bad lectures. (47)
Not studying enough. (47)
Bad tests. (47)
Not enough time to study. (48)
Inability to grasp the ideas presented. (48)
Poor study habits. (48)
Poor understanding. (49)
Decreased amount of time to study. (49)
Decreased ability to memorize at times. (49)
Lack of time to study. (53)
Other things to do. (53)
Disinterest in the material. (53)

APPENDIX BII

Comments received from Maternity Nursing students from open-ended response sections regarding their perceptions of success and lack of success in giving their nursing care and mastery of the theory.

Appendix BII-1: Comments received in response to the statement "Please list factors that you think influence your success in giving nursing care in your present clinical rotation. Rank these according to priority with #1 being the most important."

Experience. (01)

Knowledge (from class). (01)
 Common sense. (01)
 Availability and consistent help of instructors on the floor. (02)
 Teaching methods in class. (02)
 I enjoy what I'm doing. (03)
 I am a good listener/person to talk to. (03)
 I try to be nonjudgmental or prejudiced. (03)
 I can assimilate class with theory fairly well. (03)
 I'm not ashamed to ask questions when I don't know things. (03)
 Listen. (04)
 I enjoy the course. (05)
 The patients aren't sick. (05)
 Good instructors. (06)
 Good class preparation. (06)
 Enjoyable to work there. (06)
 My confidence in myself. (07)
 My instructors confidence in me. (07)
 Informative and enthusiastic instructors. (08)
 Helpful staff members. (08)
 Clear class lectures. (08)
 Experiences related to class content. (08)
 Knowledge of patient and condition. (09)
 Understanding. (09)
 Listen. (09)
 Enjoy it. (10)
 Excellent instructors. (10)
 Staff helpful. (10)
 A love for moms and babies. (11)
 Admiration and respect of the instructors. (11)

Confidence the instructors have in me. (11)
I like the environment. (11)
Moms have a good respect of your abilities. (11)
Having a good attitude about care. (13)
Enjoy what I do. (13)
Clinical. (14)
Class lecture. (14)
My ability to appear at ease in any situation. (15)
My interest in learning the material. (15)
Excellent instruction. (15)
Background of theory information. (16)
Demonstrations in class assimilating clinical. (16)
Time in clinical. (16)
Assistance and time to confer with instructor. (16)
Experience. (16)
I feel very confident. (17)
I've had children. (17)
Like this rotation. (18)
Care is easy with OB patients. (18)
Happy floor. (18)
Increased skills. (19)
Confidence. (19)
Enjoy work. (19)
Good instructors. (19)
Study. (19)
Personal experience. (20)
Age. (20)
Teachers. (20)
Reward of work. (21)

Good instructor. (21)
Enjoy seeing deliveries. (21)
Work hard to learn. (21)
I want to do good job. (21)
My wanting to provide good care. (22)
Knowing my instructor is checking on me. (22)
I want my patient to feel good after I leave. (22)
Good class presentation of theory material. (23)
Good references from textbook. (23)
More time to study (No IUSB courses). (23)
Personality. (24)
Knowledge. (24)
Enjoy being in rotation. (24)
Like being with people. (24)
Knowledge of the situation. (25)
Increased interest. (25)
Enjoyment. (25)
Good nights sleep. (25)
Past experiences with Med.-Surg. II knowledge. (26)
Past experience for myself in labor and delivery. (26)
Studying book. (26)
Studying of class content. (26)
Positive reinforcement from instructor. (27)
Positive attitude toward SN from staff. (27)
Being interested in the course. (28)
Enjoyed being with the patients. (28)
Instructors didn't make me feel nervous. (28)
Positive instructor. (29)
My strong desire to give good care. (29)

Class presentations. (29)
 Team leaders. (29)
 Good knowledge base from class work. (30)
 Knowledgeable instructors. (30)
 Limited nursing field (not so much to learn). (30)
 Instructors with good personalities "approachable" easy to ask questions. (30)
 I enjoy infants and new mothers. (31)
 I understand class content. (31)
 New procedures were exciting to learn. (31)
 More patient teaching possible. (31)
 I like making people feel better. (31)
 My strong desire to succeed. (32)
 Excellent instruction. (32)
 My caring attitude about people. (32)
 I enjoy the rotation. (32)
 My grasp of theory in the course is solid. (32)
 Especially like OB. (33)
 Personal drive. (33)
 Qualified instructors. (33)
 Study habits. (33)
 Supportive family. (33)
 Confidence in care given. (34)
 Knowledge of area. (34)
 Theory taught relates to clinical assignments. (34)
 Instructors very helpful and teaching well. (34)
 Terrific instructors. (35)
 Desire to make this period as easy as possible for mothers. (35)
 Desire to excell. (35)
 Interest. (35)

What kind of care I'm giving. (36)
What kind of day I'm having. (36)
How receptive my patient is to me. (36)
How tired I am. (36)
That things are going smoothly. (36)
Priorities. (37)
Instructor feedback (positive). (37)
Experience. (37)
Atmosphere. (37)
Studying. (37)
Class content. (38)
Experience - clinical. (38)
Interest. (38)
Personal reasons. (38)
To get through this rotation. (38)
I like it a lot. (39)
I find the material interesting and study a lot more. (39)
I like working with babies. (39)
I understand care and why's of it. (39)
Being nervous. (40)
Too little sleep. (40)
Not being prepared. (40)
Helpful instructors who do not get mad and yell. (41)
Enjoyed rotation-interested. (41)
Helpful staff on unit. (41)
No family problems - decreased anxiety. (41)
Happy patients. (41)
Caring about your patients. (42)
Knowledge. (42)

Skills. (42)
Class content. (43)
Previous experience. (43)
Textbook. (43)
I enjoy the course and study harder. (43)
Good rapport with instructors. (43)
Patient safety. (44)
Prepared ahead with study. (44)
Good hands-on experience. (44)
Helpful staff assistance. (44)
Good theory background. (45)
Supportive, encouraging staff. (45)
Self-confidence. (45)
Positive feedback from patients. (45)
Encouragement from fellow students. (45)
Knowledge - gave better care at end of course. (46)
How much sleep the night before. (46)
Whether there was test that day. (46)
Self-esteem. (47)
Patient. (47)
Preparation for patient. (47)
Instructors. (48)
Own interest. (48)
Books were good. (48)
Field trips. (48)
Knowledge. (49)
Study. (49)
Try hard. (49)
Like OB. (49)

Information learned in theory. (50)
Instructor's help. (50)
Information sought myself. (50)
Clinical (patient themselves) assignments. (50)
New experiences. (50)
I was familiar with that area of the hospital. (51)
Enjoy working with new mothers and baby. (51)
The class material was helpful in planning care. (51)
The nursing staff was supportive. (51)
I want my clinical grade to be satisfactory for me. (51)
Feel confident. (52)
Enjoy the rotation. (52)
I care about the people. (53)
I enjoy working with them. (53)
I enjoy their verbal and/or physical expressions. (53)
I like to teach them new things. (53)
I like to correct their misconceptions. (53)
I enjoy what I'm doing. (54)
I'm comfortable on the floor with the staff and patients. (54)
Instructors put us at ease. (54)
We are treated like we know what we're doing. (54)

Appendix BII-2: Comments received from Maternity Nursing students to the request "In your present rotation, list factors that influence your lack of success in nursing care given in your present clinical rotation. Rank these in terms of priority with #1 being the most important."

Lack of experience. (01)

Lack of understanding. (01)

Not knowledgeable about a certain aspect at the time of care. (02)

I don't investigate fully because I feel an intruder in some cases. (03)

I sometimes use variations on techniques taught in class that instructors don't like. (03)

Sometimes techniques used in class don't fit the situation. (03)

I feel like I'm prying. (05)

Inexperience. (06)

Unresponsive patients. (06)

Lack of experience. (10)

Not enough time. (10)

Not enough instruction. (10)

Lack of assertiveness in self. (11)

Lack of confidence in self. (11)

Lack of knowledge of the situation. (11)

Unable to communicate well with patient. (13)

Patient is not interested in learning anything. (13)

Lack of experience. (14)

Not covered in class yet. (14)

Patient's not wanting a male nurse. (15)

Lack of knowledge. (16)

Lack of time. (16)

Lack of mechanical ability to operate equipment, etc. (16)

Lack of personnel to confer with - at ease. (16)

Lack of experience. (16)

Uncooperative patient. (18)

Tired of this rotation. (18)

Uncooperative patient. (19)

Lack of knowledge of patient. (19)

Physiologic factors. (19)

I'm tired. (19)

Don't get along with patient. (19)

Not going through the actual birthing process myself. (28)
 Not having any children. (28)
 Fear of failure. (32)
 Unfamiliarity with the procedure. (32)
 Difficult situation or procedure. (32)
 Fatigue. (33)
 Work load. (33)
 Care of home and children. (33)
 Not enough time. (33)
 Amount of material to learn. (33)
 My patient isn't receptive to me. (36)
 I'm tired or don't feel good. (36)
 The day isn't going smoothly. (36)
 It's a nice day out and I'd rather be doing something else. (36)
 I don't like doing the care I have to do. (36)
 Staff. (37)
 Confusion with orders - responsibilities. (37)
 Errors. (37)
 Disorganization. (39)
 Not preassessing. (39)
 Being nervous. (40)
 Lack of sleep. (40)
 Getting a new patient on the floor. (40)
 Patient anxiety. (41)
 Fatigue. (43)
 Don't study hard enough. (43)
 Patient. (47)
 My mood. (47)
 Good or bad day. (47)

Decreased knowledge. (49)

Decreased understanding. (49)

Decreased ability. (49)

The patients took an instant dislike of me. (53)

They wouldn't react to me. (53)

Appendix BII-3: Comments received from Maternity Nursing student to the request "If you are successful in learning the theory from classroom presentations, to what do you attribute the success? List items you feel are important and rank according to priority."

- I can understand the theory. (01)
- I have seen the theory practiced in clinical. (01)
- My desire to learn and effort I put forth. (02)
- I am interested in the material and in people. (03)
- I try to take good physical care of myself. (03)
- Listen. (04)
- Study book and notes. (04)
- Interesting class. (05)
- Good teachers. (06)
- Good movies. (06)
- Helpful fieldtrips. (06)
- A lot of hands-on experience. (06)
- Clarity and knowledge instructors have and way presented. (07)
- I have good recall. (07)
- Clear class lectures and content. (08)
- Informative instructors. (08)
- Understand material. (09)
- Study. (09)
- Read. (09)
- Time. (09)

Interesting subject. (10)
Enjoy material taught. (10)
Good instructors. (10)
Pleasant atmosphere. (10)
Interest in the subject. (11)
Hard work. (11)
Studying. (12)
Listening. (12)
Keeping up with studies. (13)
Asking questions if I don't understand. (13)
Reading assignments. (13)
Pay attention in class. (13)
How presented. (14)
If time to go over notes. (14)
If time to go over book. (14)
Clinical experience. (14)
Obviously new materials to me in my gender, making it more interesting. (15)
Three inlaws pregnant at this time. (15)
Appropriate time to study. (16)
Clinical experiences to reinforce theory. (16)
Good examples - reading materials. (16)
Good lectures. (16)
Appropriate background information. (16)
Teachers are very helpful. (17)
I enjoy the content. (17)
Easy content. (18)
Interesting. (18)
Study. (18)

Good memory. (19)
Good note taking. (19)
Interesting material. (19)
Good lecturers. (19)
Studying. (19)
Intelligence. (20)
Interest in material. (20)
Material presented well. (20)
Interesting material. (20)
Instructors present it well. (21)
Study hard. (21)
It applies to clinical. (21)
Instructors are willing to help. (21)
Eager to learn. (21)
Knowing I'm on probation and have to get good grades. (22)
I want to apply clinical to theory. (22)
Good presentation of material. (23)
Good textbook references. (23)
Instructors answered questions thoroughly or made excellent references. (23)
Studying. (24)
Thinking. (24)
Playing too (24)
Enjoying life decreased my stress. (24)
Playing sports to forget about school. (24)
Attending class. (25)
Reading materials. (25)
Reviewing notes. (25)
Interest in subject. (25)
Review at home. (26)

Reading the book. (26)
Studying with someone else. (26)
Instructors are good at explaining concepts. (27)
Instructors explain concepts differently if need be. (27)
Reading the assignments. (28)
Listening and taking good notes. (28)
Teachers. (29)
Hard work. (29)
Material presented. (29)
Good presentations from instructors. (30)
Good and helpful assignments and quizzes. (30)
I study notes dialy. (30)
The material was interesting. (31)
The instructor made class enjoyable. (31)
I studied so I could pass. (31)
I enjoy a new challenge. (31)
I have the ability to learn. (31)
My desire to succeed - I try hard. (32)
I learn quickly and relatively easily. (32)
The material is not difficult. (32)
The instructors are excellent. (32)
I enjoy the material. (32)
Personal drive. (33)
Study habits. (33)
Qualified instructors. (33)
Support of family. (33)
Material of interest. (33)
Good teaching personnel. (34)
Material presented in good manner. (34)

Use of films relevant to theory. (34)
Theory taught relates to clinical assignments. (34)
Intelligence. (35)
Good notes. (35)
Good instruction. (35)
I'm not tired. (36)
The content is interesting. (36)
I haven't had a bad day. (36)
The class is stimulating. (36)
I'm prepared for class. (36)
Presentation. (37)
Studying. (37)
Experience. (37)
Attitude. (37)
Study. (38)
Interest in subject. (38)
Instructor's enthusiasm. (38)
Personal reasons. (38)
Want to make it through this rotation. (38)
Interest. (39)
Study. (39)
Listening in class. (39)
Work on unit. (39)
Confidence. (39)
Too much material. (40)
Tests too close together. (40)
Outside assignments take up time. (40)
Lack of motivation at times. (40)
Interest in material. (41)

Lectures not boring. (41)
Enthusiastic instructors. (41)
Class participation. (41)
Studying. (42)
Relate material learned to clinical experiences. (42)
Initiative. (42)
Lecture. (43)
Textbook. (43)
Film strip. (43)
Quizzing with friends for tests. (43)
Daily quizzes make me study every day. (43)
Wide variety of research to draw from. (44)
Good class presentations. (44)
Self-interest in subject. (44)
Time available to study. (45)
Good lectures. (45)
Sufficient rest. (45)
Motivation. (45)
Good teachers. (46)
Teachers decreased stress level. (46)
Found course interesting. (46)
Lecture material. (47)
Instructor. (47)
Reading material. (47)
If material is interesting. (47)
Studying. (48)
Study. (49)
Effort. (49)
Preference. (49)

Studying. (50)
Instructor's lectures. (50)
Reading the text. (50)
Using the information in clinical. (50)
Seeking new learning on own. (50)
The teachers liking for what they teach. (51)
Book presented the material in an understanding manner. (51)
Spend the time needed to learn the material. (51)
Help from friends taking the class. (51)
The material is interesting. (52)
I enjoy the rotation. (52)
The book reading is not difficult. (52)
I enjoy the material. (53)
Instructors make it interesting. (53)
It's the field I'd like to enter after graduation. (53)
I studied. (53)
Concent in class was extremely relevant to clinical. (53)
Material was easy to learn. (53)

Appendix BII-4: Comments received from Maternity Nursing students to the request "If you are sometimes unsuccessful in learning theory from classroom presentations in your present clinical rotation, fill out this page. List items you feel are important in contributing to your lack of success and rank according to priority."

Lack of understanding. (01)

Lack of experience. (01)

Boring class material. (05)

Long class hours. (05)

Not enough time to learn. (06)

Sometimes too much clinical. (06)

Too much material covered at a time. (06)

- Two classes and trying to study for both. (06)
- I don't take notes. (07)
- I listen only and learn why I can be listening. (07)
- Long class hours. (08)
- Lack of interest in some content covered. (08)
- Time (very little). (09)
- Not enough sleep. (10)
- Too many other assignments due. (10)
- Apathy. (11)
- Bad study techniques. (11)
- Do not prepare properly. (13)
- Did not pay attention in class. (13)
- Lack of clinical experience. (14)
- Lack of time to go over. (14)
- Unable to understand. (14)
- Working too much outside school. (15)
- Burning out. (15)
- Lack of time. (16)
- Lack of appropriate examples. (16)
- Lack of stimulation - urge for further research. (16)
- Lack of effective student/teacher communication in answering questions. (16)
- Difficulty of material. (16)
- Don't study enough. (18)
- Test questions sometimes unclear. (18)
- Don't study enough. (19)
- Boring material. (19)
- Missed a lecture. (19)
- Hurried while taking test. (19)
- Confusing test questions. (19)

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I need another explanation. (27)
It has been a long day and I'm tired. (27)
Many concepts in too short a time. (27)
Not studying hard enough. (28)
Not finishing the assigned reading material. (30)
Being too tired to study. (30)
Fatigue. (33)
Nervousness when testing. (33)
Fear of failure. (33)
I'm tired. (36)
Boring content. (36)
Boring class. (36)
I've had a bad day. (36)
I'm not prepared. (36)
Lack of time. (37)
Health. (37)
Lack of study time. (39)
Too much material. (40)
Not enough time to study. (40)
Not studying during the weekend. (40)
Boring lectures. (41)
Unpleasant topics. (41)
Irritable instructors. (41)
Long class hours. (43)
Boring lecture. (43)
Fatigue. (43)
Material. (47)
Instructor. (47)
Lack of interest. (47)

- Lack of study time. (47)
- Not enough time to get enough studying. (48)
- Decreased understanding. (49)
- Lecture is confusing. (52)
- Book and lecture material contradicted each other at times. (52)
- I didn't study. (53)
- Material was complicated. (53)
- Time limit was too short. (53)

APPENDIX BIII

Comments received from Nursing of Children students from open-ended response sections regarding their perceptions of success and lack of success in giving their nursing care and mastery of the theory.

Appendix BIII-1:

Knowledge. (01)

Experience. (01)

Instructors and their teaching. (02)

Atmosphere they created. (02)

Class content. (02)

Confidence. (03)

Initiative. (03)

Preparation. (03)

Nonjudgmental. (04)

Genuine concern. (04)

Desire to help others. (04)

Knowledge of class material. (05)

Cooperation with instructors. (05)

Good instructors. (06)
 Because I try. (07)
 Because people give me negative and positive feedback. (07)
 Excellent and understanding instructors. (08)
 Being prepared for the day. (08)
 Helpful staff members. (08)
 I get along with children well. (08)
 I have patience with all children. (08)
 Honesty. (09)
 Thoughtfulness. (09)
 Open minded (nonjudgmental). (09)
 Good listener. (09)
 Courteous. (09)
 Knowledge of procedures. (10)
 Number of assigned patients. (10)
 Amount of sleep the night before. (10)
 If instructor present or not. (10)
 Enjoyment of the work. (11)
 Giving care. (11)
 Relating to the patients. (11)
 Rapport with patient and parents. (12)
 Knowledge of disease condition. (12)
 Utilizing health team. (12)
 Utilizing instructors. (12)
 The compassion and concern for others which I possess. (12)
 Being prepared for clinical. (13)
 Have a confident attitude. (13)
 Understanding of patient's condition. (13)
 Good relationship with other team members. (13)

Instructor. (14)
Having content first. (14)
Staff. (14)
Perseverance. (15)
Patients. (15)
Guts. (15)
Stamina. (15)
Stamina. (15)
Comfortable feeling. (16)
Helpfulness from instructors. (16)
Helpfulness from staff on floor. (16)
Theory background. (16)
Exposure/orientation to procedure. (16)
I like kids. (17)
Knowledge is not foreign. (17)
Instructor very helpful. (17)
I love kids. (18)
Good instructors. (18)
Good staff. (18)
Love children. (19)
Get along well with kids. (19)
Positive attitude towards kids. (19)
Ambition. (19)
Good instructors. (19)
Care for children. (20)
Good communication with staff. (20)
Help from fellow students. (20)
I love to work with children. (21)
Be as good as I can be. (21)

Eight years experience in nursing. (21)
Enjoyed class. (21)
Good instructors. (21)
My inner feelings to help people. (22)
Love for children. (22)
Cooperation of staff. (22)
Good instructors. (22)
Like the content. (22)
Supportive instructors. (23)
I enjoy kids. (24)
Personality. (24)
Knowledge of the course. (24)
Encouragement (positive) from instructors and staff. (24)
I feel that I'm helping their needs (patient's). (24)
Knowledge of the condition. (25)
Knowledge of the child. (25)
Ability to tolerate frustration. (25)
Good nights sleep. (25)
Ability to be flexible. (25)
My experience with Med.-Surg. II. (26)
Understanding of normal A & P. (26)
Understanding of normal G & D. (26)
Background experience with children. (26)
Enjoy children. (26)
My instructor. (27)
My knowledge. (27)
My experience. (27)
My patient response. (27)
Being prepared. (28)

Instructors. (29)
Interest in area Peds. (29)
Personnel. (29)
Efforts. (29)
Hard work. (29)
Enjoyed the type of care. (30)
Enjoyed children and their families. (30)
Good clinical and classroom instruction. (30)
Supportive and helpful staff (nursing). (30)
Good interaction with physicians. (30)
I love children. (31)
I like to give good care. (31)
I enjoy new experiences. (31)
My desire to give good care. (32)
Excellent instructors. (32)
Caring attitude. (33)
Love of mankind. (33)
Skills gained through schooling. (33)
Cooperative staff. (33)
Competent teachers. (33)
The increased amount of paper work we have to do affects it. (34)
Interest. (35)
Ability to get along with a wide range of people. (35)
Intuition. (35)
Good instruction. (35)
Caring. (35)
How kids are acting. (36)
How family is acting. (36)
I get along good with kids. (36)

I like the instructors. (36)
 I liked the staff. (36)
 Being able to see a positive change in patient. (37)
 Being able to help the patient with problems. (37)
 Teaching the patient. (37)
 Comforting. (37)
 Letting everything needed accomplished. (37)
 The instructors. (38)
 My self-confidence. (38)
 My health. (38)
 My own interests/dislikes towards that particular rotation. (38)
 Person matters. (38)
 I like children. (39)
 I feel I relate well to them. (39)
 I've researched each case well and been prepared. (39)
 I feel more confident of my abilities than I have before. (39)
 Receptibility of patient. (40)
 Being prepared on my part. (40)
 Number of patients assigned. (40)
 Can associate with children easily. (41)
 Caring about people. (42)
 To enjoy learning about the medical profession. (42)
 To be confident. (42)
 To be responsible. (42)
 To be honest. (42)
 Lecture. (43)
 Books. (43)
 Instructors. (43)
 Knowledge from previous courses. (43)

Experience with children. (43)
 Patient safety. (44)
 Pediatric nursing in class study. (44)
 Total assessment of patient. (44)
 Communication with staff on areas of concern. (44)
 Knowledge of fundamental Growth/Development. (44)
 Self confidence. (45)
 Excellent supervision from instructors. (45)
 Experience. (45)
 Sufficient time to perform or teach. (45)
 Enjoyment on Peds. (45)
 Maturity. (46)
 Previous personal experience. (46)
 Previous occupations. (46)
 Patients. (47)
 Feeling toward patients. (47)
 If you like what you are doing. (47)
 Instructor. (47)
 Instructor's availability to help. (48)
 Hard studying. (48)
 Hospital staff. (48)
 Own endurance. (48)
 Interest in material. (48)
 Knowledge. (49)
 Study. (49)
 Like kids. (49)
 Knowledge of condition. (50)
 Theory. (50)
 Instructor's teaching and assistance. (50)

Looking up other significant information. (50)
Staff. (50)
I enjoy working in Peds. (51)
I enjoy and like the instructor. (51)
The staff is very helpful. (51)
Book knowledge. (52)
Care about people. (52)
Instructor's encouragement. (52)
I care about them. (53)
I get along with them. (53)
I'm able to talk to patients and families. (53)
Feeling comfortable with my patients and giving care. (54)
Increased knowledge. (54)
I am continually trying to better my care. (54)

Appendix BIII-2: Comments received from Nursing of Children students to the request "In your present rotation, list factors that influence your lack of success in nursing care given in your present clinical rotation. Rank these in terms of priority with #1 being the most important."

- Memory - can't remember everything. (01)
- Lack of knowledge. (01)
- Lack of preparation. (03)
- Feeling like I would fail before I began. (03)
- Lack of experience communicating with children. (03)
- Lack of cooperation with staff. (05)
- Lack of knowledge about giving care.
- Lack of communication with children. (06)
- Importance of nursing process forms. (06)
- Floor is too rushed at times. (08)
- Being too tired for clinical. (08)

Getting up late - unorganized. (08)
 Impatient parents, and at times the staff also. (08)
 At times just "sick of clinical". (08)
 Number of assigned patients each day. (10)
 Criticism from instructor. (10)
 Lack of cooperation from team leader. (10)
 Lack of parental cooperation (patient's parents). (11)
 Lack of confidence in self sometimes. (11)
 Lack of compliance of patient or family. (12)
 Negative feedback from family or patient. (12)
 Lack of knowledge of illness. (12)
 Lack of interest in illness. (12)
 Personal problems which would get in the way. (12)
 Unable to communicate with patient or their support person. (13)
 Lack of knowledge of nursing interventions which can be done. (13)
 New material. (14)
 Lack of support from instructor. (14)
 Lack of support from staff. (14)
 Forgetting steps. (15)
 Misreading orders. (15)
 Lack of knowledge. (16)
 Lack of experience/exposure. (16)
 Difficult/extreme circumstances. (16)
 Nervousness. (16)
 Unprepared. (18)
 Tired. (18)
 Sick of clinical. (18)
 Get out of report late. (18)
 Being unprepared. (19)
 No ambition. (19)

Nervous. (19)
Too tired. (19)
Rushed. (19)
Too little time. (20)
Frustration. (25)
Lack of knowledge about procedures. (25)
Fear. (25)
Causing pain. (25)
Caring for someone else's child. (25)
My patient response. (27)
My experience. (27)
My knowledge. (27)
Not being prepared. (28)
Tired. (28)
Lack of enthusiasm. (28)
Didn't like doing painful procedures to children. (30)
Sleep deprivation. (30)
A lot of difference between adult and child care. (30)
New experiences are sometimes difficult. (31)
Working with children is different. (31)
Nervousness or fear of failure. (32)
Not preparing adequately beforehand. (32)
Overlooking an order. (33)
Running short of time. (33)
Being pressed for time (sometimes). (34)
Problems in personal life. (36)
Unprepared. (36)
Teacher doesn't have time for me. (36)
If I'm tired. (36)
If I'm not prepared. (36)

Not enough time with too many demands outside of clinical
(lecture, etc.). (37)

Not well defined goals. (37)

Unresponsive patient - needed method changes. (37)

Lack of interest in caring for sick children. (38)

My health. (38)

Too exhausted. (38)

Personal factors. (38)

Boring. (38)

Unpreparedness. (39)

Lack of sleep. (39)

A really hard to deal with patient one week. (39)

Being unprepared. (40)

Unreceptive patient. (40)

Lack of interest in child nursing. (41)

Lack of knowledge of normal growth & development. (43)

Lack of sleep. (43)

Lack of patience. (43)

Lack of coping skills. (43)

New procedure. (45)

Insufficient time. (45)

Being tired. (45)

Uncooperative patients. (47)

Having bad day. (47)

Not prepared. (47)

Lack of knowledge. (48)

Lack of time. (48)

Unprepared. (49)

Decreased knowledge. (49)

Too many things to do. (49)

Very nervous around instructor. (52)

Different patients. (53)

I didn't feel great. (53)

Appendix BIII-3: Comments received from Nursing of Children students to the request "If you are successful in learning the theory from classroom presentations, to what do you attribute the success? List items you feel are important and rank according to priority."

- Study. (01)
- Continuous review. (01)
- Repetition. (02)
- Method of presentation. (02)
- Listening attentively in class. (03)
- Reviewing notes before tests. (03)
- Clarifying conflicting ideas between notes and book.
- Reading the book. (03)
- Keep an open mind in classroom. (04)
- Good notes. (04)
- Read text. (04)
- Ask questions. (04)
- Study hard but only an hour at a time - breaking - study again. (04)
- Good teaching. (05)
- Reading book. (05)
- Study after every class. (05)
- Clinical relationship with theory. (06)
- I actually study this term. (07)
- I read the book. (07)
- I listen in class instead of just write. (07)
- I have a good memory. (07)
- Understandable instructors when teaching. (08)

Interesting class material. (08)
Sense of humor that is always maintained during lectures. (08)
Study. (09)
Ask questions. (09)
Extra reading. (09)
Quiz others before a test. (09)
Stay calm. (09)
Study hard. (10)
Instructor who is teaching. (10)
Amount of time for each unit. (10)
Interest in the material. (11)
Rapport with instructors (first name basis). (12)
How interesting instructor can make subject. (12)
My interest in nursing and absorption of knowledge. (12)
Studying each night after the theory. (12)
Using the knowledge practically. (12)
Going over things till understand them. (13)
Studying each night instead of night before test. (13)
Verbalizing understanding of theory. (13)
Being quizzed on theory. (13)
Good teaching. (14)
Handouts. (14)
Study. (14)
Book. (14)
Paying attention in class. (15)
Good instructor. (15)
Good instructor. (15)
Good instructor. (15)
Completing studying/homework. (15)

Enough time to learn. (16)
Good foundation of A & P. (16)
Good memory. (16)
Good study skills. (16)
Helpful - through instruction. (16)
Instructors presentation. (17)
Study. (18)
Good presentation. (18)
Good memory. (19)
Interested in material. (19)
Good lecture. (19)
Time to review. (19)
Previous experience with material. (19)
Study time. (20)
Well presented in class. (20)
Discussion time. (20)
Study constantly. (21)
This is a career I want. (21)
Need to feel I'm doing good. (21)
Instructor helped me. (21)
Positive thinking. (21)
The enjoyment of learning. (22)
Good instructors. (22)
Material that's at my level. (22)
I try hard to learn. (22)
Time periods - hours of class together. (22)
Good textbook. (23)
Instructors validate information. (23)
Studying. (24)

"Pride" in grades. (24)
Helps in good nursing care. (24)
Taking time out to play. (24)
Help from God in everything. (24)
Daily attendance. (25)
Reading material. (25)
Review of notes. (25)
Making diagnostic cards. (25)
Applying information. (25)
Present in class when presented. (26)
Past experience to relate to. (26)
Study the book. (26)
Going over my notes good before test. (26)
Memorize important concepts. (26)
Reading the text. (27)
Studying with friends. (27)
I study. (28)
Read the book. (28)
Instructors. (29)
Lots of study. (29)
Review anatomy and previous physiology. (29)
Repetition. (29)
Apply theory to clinical. (29)
Thorough lectures. (30)
Good reference reading material available. (30)
Fair tests. (30)
I enjoy learning. (31)
I take time to study. (31)
Theory is interesting. (31)

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I learn quickly and easily. (32)
I work hard and study. (32)
I'm very interested in the theory material. (32)
The instructors are excellent. (32)
Study habits. (33)
Competent teachers. (33)
Theory applied in clinical. (33)
Cooperative and supportive husband. (33)
Personal drive. (33)
Good teaching of theory. (34)
Interest. (35)
Good notes. (35)
Good instructors. (35)
Incentives to learn. (35)
Reasonable amount of intelligence. (35)
Teacher makes it interesting. (36)
If I'm not too tired. (36)
If the content is interesting. (36)
If I have read over the content already. (36)
If we haven't been sitting in class all day. (36)
Having enough time to study. (37)
Relating theories to practical experience. (37)
Good book. (38)
Good explanations from instructors. (38)
Increased study time. (39)
A subject I'm interested in. (39)
Better study habits. (39)
Mornings off (some). (39)
Studying. (40)

Having more time to spend on theory. (40)
 To study. (42)
 To apply what you've learned. (42)
 To take the initiative to try new things. (42)
 To relate your new knowledge to every day life. (42)
 Lecture. (43)
 Personal experience. (43)
 Book (reading). (43)
 Handouts. (43)
 Instructors are interesting. (43)
 Outside reading. (44)
 1:1 questions answering with staff. (44)
 Good note taking. (44)
 Continuous study vs. overnite cramming. (44)
 Interested in material presented. (44)
 Sufficient time to memorize/learn. (45)
 Organization in presentation of material. (45)
 Material presented slow enough to write and comprehend. (45)
 Enough sleep and rest. (45)
 Interesting material. (45)
 Studying the material. (46)
 Exposure to some of material. (46)
 Instructors. (47)
 Lecture content. (47)
 Preparation of instructor. (47)
 Hard studying. (48)
 Interest in material. (48)
 Complete and concise information provided. (48)
 No other pressures at time. (48)

Listen. (49)
Comprehend. (49)
Study. (49)
Studying. (50)
Instructor giving lecture. (50)
Reading material. (50)
Clinical practice that is associated with theory. (50)
Going to class. (50)
The material is interesting. (51)
It is presented in an understandable method. (51)
The textbook is good. (51)
Study hard. (52)
Material presented well. (52)
I study. (53)
Take notes. (53)
Read book. (53)
Understand material. (53)
Study prn. (54)
Ability to memorize material without too much difficulty. (54)

Appendix BIII-4: Comments received from Nursing of Children students to the request "If you are sometimes unsuccessful in learning theory from classroom presentation in your present clinical rotation, fill out this page. List items you feel are important in contributing to your lack of success and rank according to priority."

Lack of understanding. (01)

Lack of review due to lack of time. (01)

Lack of time. (02)

Not studying every night. (01)

Not reading book. (05)

- Too short of time for learning. (06)
- Too many tests that are close together. (06)
- If I don't it's because I' haven't taken all the notes or read them over since I've written them or have I studied, but I still pass. (07)
- Class sometimes goes too fast. (08)
- Cramming too much material in too little time. (08)
- Cramming too many tests in at the end of the rotation. (08)
- Lack of preparation time. (09)
- Nervousness. (09)
- Instructors go too fast. (10)
- Too much material to cover in too short of time. (10)
- Too many other assignments due at same time. (10)
- Teachers inability to present the material. (12)
- My lack of interest. (12)
- My lack of knowledge. (12)
- Lack of good study habits. (12)
- Not studying enough about each theory. (13)
- Leaving class with unanswered questions. (13)
- Hard material. (14)
- Bad day. (14)
- Bad teaching. (14)
- Completely new. (15)
- No young siblings, nephews, neices. (15)
- Different/difficult medical policies. (15)
- Lack of time. (16)
- Lack of exposure - abundance of new terms. (16)
- Confusing - sometimes too many S + S. (16)
- Hard material. (18)
- Not presented clearly. (18)

Don't study enough. (18)
Boring material. (18)
Don't study. (19)
Disinterested. (19)
Boring material. (19)
Poor lecture. (19)
Unlogical material. (19)
Difficulty memorizing bits on information. (25)
Don't study enough. (28)
Boring material. (28)
Instructor's impatience. (29)
Material difficult. (29)
Over load information. (29)
Nervous. (29)
Stress overload. (29)
Not enough time to study material - heavy work load. (30)
Sleepy in class at times O decreased attention span. (30)
Tired. (33)
Lack of time. (33)
Pressures of family and school. (33)
Boredom with routine. (33)
Extra time devoted to children. (33)
Too tired to study. (36)
Too much other homework. (36)
Boring material. (36)
Bad lecturing. (36)
Not interested in subject. (36)
Don't have enough time to study. (37)
Not enough time. (38)

Not enough studying. (39)
Decreased time to study. (39)
Too many things to do - 2 papers and test in one week. (39)
Lots material. (39)
Hard material. (39)
Not studying enough. (40)
Unclear teaching. (40)
Personal life problems. (41)
Cannot concentrate. (41)
Sometimes material is very difficult. (42)
New material. (42)
Long class hours. (43)
Fatigue. (43)
Rushing through a unit. (43)
Preparing for clinical and tests at the same time. (43)
Needing to do something other than studying (clean house, etc.) (43)
Material too unclear in content. (45)
Insufficient time due to schedule. (45)
Being tired - lack of sleep. (45)
Instructor. (47)
Material. (47)
Teacher not prepared. (47)
Too many other projects at the same time. (48)
Lack of adequate time to prepare. (48)
Being sick and missing content and losing available time. (48)
Didn't study. (53)
No time to study. (53)
Didn't read book. (53)

APPENDIX CI

Comments received from Advanced Medical-Surgical Nursing III students from open-ended response sections regarding their perceptions of success and lack of success in giving their nursing care and mastery of the theory.

Appendix CI-1: Comments received in response to the statement "Please list factors that you think influence your success in giving nursing care in your present clinical rotation. Rank these according to priority with #1 being the most important."

Experience. (01)
Knowledge. (01)
Help from instructors. (01)
Knowledge. (06)
Nurses on unit. (06)
Instructor's confidence in you. (06)
Assessment (thorough). (12)
Empathy. (12)
Plan (complete). (12)
Other health team. (12)
Desire to be successful for patient's sake. (12)
Excellent instructors. (15)
Things/pieces fitting together. (15)
My ability. (27)
Patient compliance. (27)
Family participating/attitude. (27)
More Experience. (28)
Broader knowledge base. (30)
Increased self-esteem or confidence. (30)
Instructors - knowledgeable. (30)
Class content. (30)
My desire and effort to give quality nursing care. (32)
Excellent instruction in present rotation. (32)

Sound knowledge base. (32)
Interest in subject/patient. (38)
Instructor involvement/helping. (38)
Knowledge base. (38)
Increased amount of confidence. (38)
Attitudes on working units. (38)
Good knowledge base. (39)
Good preassessment. (39)
Desire to learn new procedures/techniques. (39)
Give good care. (39)
Relate well to patients/families. (39)
Experience in clinical area. (45)
Adequate theory. (45)
Supportive instructor. (45)
Adequate preparation time. (45)
Interest and concern. (45)
Increased skill in assessment. (48)
Increased skill in organization and planning. (48)
Recognizing individual needs. (48)
Decreased pressures from instructors. (48)
Knowledge. (48)
Concent in class. (50)
Studying. (50)
Reading. (50)
Instructor's help. (50)
Patient assignment. (50)
Care. (53)
Able to talk to patient. (53)
Patients know I take an interest. (53)

Appendix C1-2: Comments received from Advanced Medical-Surgical Nursing III students to the request "In your present rotation, list factors that influence your lack of success in nursing care given in your present clinical rotation. Rank these in terms of priority with #1 being the most important."

Experience (lack of). (01)
Not reviewed theory in class yet. (01)
Some lack of knowledge. (06)
Unconfidence. (06)
Poor assessment. (12)
Lack of knowledge base. (12)
Personal problems. (12)
Lack of rest. (12)
Lack of interest. (12)
Fear of new areas in rotation. (15)
Close to end of year. (23)
Got married 2 weeks. (23)
I do not always completely understand the equipment. (27)
Tired. (28)
Sick. (28)
Critical Care areas - they don't let you do much. (30)
Fear of critically ill patient's condition. (30)
New or highly technical machines or equipment. (30)
Nervousness. (32)
First time performing a procedure. (32)
Lack of sleep. (39)
Unpreparedness for patient/clinical. (39)
New and different procedures/equipment I've never used before. (39)
Much harder and in-depth content. (39)
Harder patients. (39)
Poor assessment. (48)

Lack of knowledge. (48)

Poor judgment. (48)

Personal illness. (48)

Lack of interest. (48)

Poor readiness. (53)

Appendix CI-3: Comments received from Advanced Medical-Surgical Nursing III students to the request "If you are successful in learning the theory from classroom presentations, to what do you attribute the success? List items you feel are important and rank according to priority."

Hard work - studying. (01)
Intelligence. (01)
Help from friends. (01)
Study. (06)
Library furnishings. (06)
Reading assignments. (06)
Clinical correlation. (06)
Ongoing study process. (12)
Interested. (12)
Enjoy teachers. (12)
Plan to go on in CCU nursing. (12)
Good instructors. (15)
Pieces fitting together. (15)
Less working at Sears. (15)
Good instructors. (23)
Willingness to repeat material. (23)
Good holdings in library. (23)
Instructors willing to explain further. (27)
Good library resources. (27)
Study. (28)

Listen in class. (30)
Knowledgeable instructors. (30)
My own cognitive ability to understand material. (30)
I study hard and constantly review my notes. (32)
Excellent instructors. (32)
Interesting theory. (32)
Interest in content. (38)
Good instructors. (38)
Some material is review. (38)
Quickly applied to clinical setting. (38)
Good Med.-Surg background. (39)
Desire to learn. (39)
Ability to understand concepts. (39)
Study habits fairly good. (39)
Good note taking. (45)
Adequate preparation/study time without cramming. (45)
Qualified informed instructors. (45)
Reiteration of material. (45)
Interest in the material. (45)
Self-determination. (48)
Interest. (48)
Availability of outside resources. (48)
Utilizing time efficiently. (48)
Studying. (50)
Coming to class. (50)
Studying with others. (50)
Study. (53)

Appendix (I-4): Comments received from Advanced Medical-Surgical Nursing III students to the request "If you are sometimes unsuccessful in learning theory from classroom presentations in your present clinical rotation, fill out this page. List items you feel are important in contributing to your lack of success and rank according to priority."

Don't try hard enough. (01)

Lack of experience to help me understand the theory. (01)

Lack of time for study. (06)

Too much material on one test. (06)

Lack of studying. (12)

Missed classes. (12)

Personal conflicts. (12)

Not enough studying time. (15)

Wife tired of my spending so much time on school. (15)

Not studying. (28)

Lazy. (28)

Sick. (28)

Don't study as much as I should. (30)

Don't read the book assignments. (30)

Instructors cover material too quickly. (30)

Lack of sleep. (39)

Need to study more. (39)

Hard text to learn. (39)

New concepts not encountered before. (39)

Lack of studying. (48)

Decreased interest. (48)

Poor organization of time. (48)

Outside influences. (48)

Poor preparation. (53)

Different material. (53)

APPENDIX CII

Comments received from Principles of Nursing Leadership students from open-ended response sections regarding their perceptions of success and lack of success in giving their nursing care and mastery of theory.

Appendix CII-1: Comments received in response to the statement "Please list factors that you think influenced your success in giving nursing care in your present clinical rotation. Rank these according to priority with #1 being the most important."

Caring. (02)

Sincerity. (02)

Conscienceousness. (02)

Caring for my patients. (05)

Knowledge of good nursing care and techniques. (05)

Assistance from staff. (05)

Comfort with staff. (07)

Comfortable with that type of patient. (07)

Liking this floor. (07)

Assess. (17)

Priority care. (17)

Good skills. (19)

Like to do it. (19)

Flexible. (19)

Think fast. (19)

Taught well. (19)

Knowledge base. (26)

Assessment of patient. (26)

Giving care. (26)

Planning care. (26)

Personality. (26)

Instructors. (29)

Self-esteem. (29)

Caring. (29)
Knowledge. (29)
Hard work. (29)
Good knowledge base. (31)
Important to me to give good care. (31)
Patient response. (31)
Family response. (31)
Increased knowledge. (33)
Caring, supportive attitude. (33)
Quality instructors. (33)
Positive feedback from patients. (33)
Good staff rapport. (33)
Motivation. (35)
Concern. (35)
Good instruction. (35)
Instruction. (37)
Organization. (37)
Planning. (37)
Knowledge. (37)
Competence. (41)
Knowledge. (41)
Independence. (41)
Organization. (42)
Setting priorities. (42)
Being conscientious about the patient care you give. (42).
Having sound knowledge base of patient's condition. (42)
Assessment skills. (43)
Knowledge. (43)
Independence. (43)

Positive feedback. (43)
Safety. (44)
Knowledge base. (44)
Confidence. (44)
Skill level. (44)
Self-confidence. (46)
Knowledge. (46)
Experience. (46)
Education. (47)
Patients. (47)
Hospital staff. (47)
Hospital environment. (47)
My knowledge base. (51)
Patient. (51)
The floor I'm on. (51)
Time to give good care. (51)
Clear assignments. (52)
Motivation to give good care. (52)

Appendix CII-2: Comments received from Principles of Nursing Leadership students to the request "In your present rotation, list factors that influence your lack of success in nursing care given in your present clinical rotation. Rank these in terms of priority with #1 being the most important."

Lack of help when needed. (05)

Too rushed. (19)

Uncertain. (19)

Not enough help. (19)

Lack of time. (33)

Family demands. (33)

"Burned-out" with school. (33)

Not enough help. (33)

Lack of time. (37)

Organization. (37)

Not enough help. (37)

Crisis. (37)

Disorganization. (41)

Lack of self-esteem. (41)

Lack of time. (43)

Patient load. (44)

Time limitation. (44)

Developing new skills. (44)

Hospital staff. (47)

Patient cooperation. (47)

Trying to do everything without delegating out some tasks. (52)

Appendix CII-3: Comments received from Principles of Nursing Leadership students to the request "If you are successful in learning the theory from classroom presentations, to what do you attribute the success? List items you feel are important and rank according to priority."

Teaching content. (02)

My own participation. (02)

Reading notes every day. (05)

Listening. (07)

Questioning. (07)

Discussing. (07)

Instructor presentation. (17)

Good memory. (19)

Listen in class. (19)

Good rationalizer. (19)

Personal study time. (26)

Past experience. (26)
The material is presented. (26)
Role playing in class. (26)
The books. (26)
Good notes. (29)
Study. (29)
Knowledge base building on each class. (29)
Lecturer. (29)
I enjoy learning theory. (31)
Theory contributes to clinical. (31)
Desire to graduate in December. (33)
Quality instructors. (33)
Interesting content. (33)
Good instruction. (35)
Good recall. (35)
Concise notes. (35)
Independent study. (37)
Attendance. (37)
Practice. (37)
Want to learn. (41)
Study. (42)
Application of theories. (42)
Weigh pros and cons of theories. (42)
Instructors. (43)
Knowledge base. (43)
Interesting content. (43)
Study input. (44)
Instructor help. (44)
Applying skills after learning. (44)

Motivated to do well. (46)
Maturity. (46)
Material. (47)
Instructor. (47)
Reading materials. (47)
Handouts. (47)
Teachers. (51)
Class content. (51)
Amount of theory to learn. (51)
Time. (51)
Study. (52)
Listening in class. (52)
Asking questions. (52)

Appendix CII-4: Comments received from Principles of Nursing Leadership students to the request "If you are sometimes unsuccessful in learning theory from classroom presentations in your present clinical rotation, fill out this page. List items you feel are important in contributing to your lack of success and rank according to priority."

Can't understand completely. (05)

Boring content. (05)

Not studying. (07)

Don't study. (19)

Boring material. (19)

I can't change quickly to abstract thinking. (26)

Different thinking abstractly. (31)

Decreased motivation. (31)

Ready to graduate. (31)

"Burned out" with school. (33)

Anxious to graduate. (33)

Lack of time. (33)

Family demands. (33)

Not studying. (37)

Not attending class. (37)

Jumping from subject to subject. (43)

Fatigue. (43)

Stress. (44)

Instructors. (47)

Material. (47)

My lack of interest. (47)

Reading material. (47)

Not understanding material. (52)

APPENDIX CIII

Comments received from Psychiatric and Mental Health Nursing students from open-ended response sections regarding their perceptions of success and lack of success in giving their nursing care and mastery of the theory.

Appendix CIII-1: Comments received in response to the statement "Please list factors that you think influence your success in giving nursing care in your present clinical rotation. Rank these according to priority with #1 being the most important."

Desire to meet patient's needs. (03)

Empathy. (03)

Nonjudgmental acceptance. (03)

Able to express myself clearly both verbally and physically. (03)

Understanding patient's point of view. (03)

Empathetic. (04)

Good listener. (04)

Understanding instructors. (08)

Very helpful/informative instructors. (08)

Variety in patient's diagnosis. (08)

Helpful staff members. (08)
Helpful physicians. (08)
Therapeutic. (09)
Open. (09)
Empathetic. (09)
Genuinely concerned. (09)
Honest. (09)
Competent. (10)
Experience. (10)
Suggestions from others. (10)
Interest in the type of patient. (11)
Concern for their mental well being. (11)
Using techniques learned in class. (11)
Studying patient's illness. (11)
Liking the rotation. (11)
Knowledge. (14)
Practice. (14)
Example. (14)
Help of others. (14)
Assignment. (14)
Background in school - degree in 4. (16)
Family member who works on the floor. (16)
Prior work situations. (16)
Additional work on the unit for pay. (16)
Helpful personnel and instructors. (16)
Like people. (18)
Empathy. (18)
Try hard. (18)
Easy. (18)

I want to do my best. (21)
 I know I'm a good nurse. (21)
 Prevent injury to patient. (21)
 I enjoy my patients. (21)
 Challenging. (21)
 Communication. (24)
 Empathy. (24)
 Patience. (24)
 Understanding. (24)
 Likes to talk. (24)
 Understanding of disease conditions. (34)
 Use of therapeutic techniques. (34)
 Positive reinforcement from instructors. (34)
 Instructors helpful. (36)
 Had enough sleep. (36)
 Enough patient information - well prepared. (36)
 Staff helpful. (36)
 Enough knowledge (theory). (36)

Appendix CIII-2: Comments received from Psychiatric and Mental Health Nursing students to the request "In your present rotation, list factors that influence your lack of success in nursing care given in your present clinical rotation. Rank these in terms of priority with #1 being the most important."

Personality conflict with client. (03)

Having my words or actions misinterpreted. (03)

Not continuing to try - giving up. (03)

Not knowing what to do with situation. (03)

Never had to deal extensively with a psychiatric patient. (08)

New floor routine and procedures. (08)

Patient's condition. (10)

Not enough sleep. (10)

Several requirements due at same time. (10)

Lack of confidence in own therapeutic conversation abilities. (11)

Confused about approaches to patient. (13)

Haven't gotten enough sleep. (13)

Lack of knowledge. (14)

Lack of practice. (14)

Anxiety. (14)

Don't like this rotation. (18)

Don't try hard enough. (18)

I'm tired. (36)

Not well prepared. (36)

Instructors not empathetic. (36)

Bad situations outside clinical. (36)

Patients being uncooperative. (36)

Impatience. (40)

Not knowing what to say. (40)

Appendix CIII-3: Comments received from Psychiatric and Mental Health Nursing students to the request "If you are successful in learning the theory from classroom presentations, to what do you attribute the success? List items you feel are important and rank according to priority."

Able to understand easily. (03)

Easy memory and association. (03)

Techniques to remember stuff (association, etc.) (03)

Easy to understand material. (03)

Effort. (03)

Open-minded. (04)

Study prior to testing - early. (04)
Read class theory before lecture when possible. (04)
Intelligent/understandable instructors. (08)
Scheduled assignment outlines. (08)
Tests relate well to theory in class. (08)
Instructors re-emphasize expectations for the class. (08)
Great deal of time on. (09)
Strive to do well. (09)
Study at home. (09)
Read materials assigned. (09)
Interest in the topic. (10)
Instructor. (10)
Content. (10)
Time of day of lecture. (10)
Interest in material. (11)
Past experience with some of the topics. (11)
Keeping my attention on lecture. (13)
Taking complete notes. (13)
Daily review of notes. (13)
Teacher. (14)
Theory content. (14)
Frame of mind - other thoughts - tired. (14)
Way presented - write handout. (14)
Past exposure to material. (16)
Review sheets. (16)
Good lecture presentations - excellent examples to show points/concepts. (16)
Adequate time to study. (16)
Not too much extra reading, etc....busy work, assignments. (16)

Good instructor. (18)
 Try hard. (18)
 Interesting material. (18)
 Positive attitude. (21)
 Study hard. (21)
 Family gives moral support. (21)
 Friends give moral support. (21)
 I want to pass the course. (21)
 Studying. (24)
 Paying attention in class. (24)
 Interesting subjects. (24)
 Wanting to succees. (24)
 Like nursing. (24)
 Good teaching techniques of instructors. (34)
 The teacher is enthusiastic. (36)
 The material is interesting. (36)
 I'm well rested. (36)
 Good audio/visual aides. (36)
 Not a lot of other homework to do. (36)
 Studying. (40)
 Good classroom examples. (40)

Appendix CIII-4: Comments received from Psychiatric and Mental Health Nursing students to the request "If you are sometimes unsuccessful in learning theory from classroom presentations in your present clinical rotation, fill out this page. List items you feel are important in contributing to your lack of success and rank according to priority."

Some material is confusing and harder than others. (08)

Too many other things due. (10)

Not enough sleep. (10)

Subject. (10)

Lack of concentration near graduation. (11)
Decrease in study time. (11)
Failure to keep up with studies. (13)
Failure to ask questions. (13)
Teacher. (14)
Content. (14)
Method. (14)
Decreased frame of mind. (14)
Theories are too complex without sufficient time in clinical to help learning process. (16)
Too much memorization. (16)
Too much subjectivity in clinical applications of test questions. (16)
Not enough time to study for tests. (16)
Tired of school. (18)
Don't study at home. (18)
Hard material. (18)
I don't like the course. (21)
I don't understand the material. (21)
It's last rotation - lack of motivation. (24)
Socializing. (24)
Holidays during this rotation. (24)
Don't want to be psyc nurse - so don't try as hard. (24)
Sick of school. (24)
Hard to remember so much sometimes. (34)
Some things seem so much alike. (34)
The material is dull. (36)
I have a lot of other homework. (36)
The instructor is dull. (36)
I'm tired. (36)

Other problems outside of school - decreased motivation. (36)

Not studying. (40)

Tired of school. (40)